



Permission to Discuss Medical Information

All medical records are confidential. We require written authorization to release medical information to anyone other than the patient. By signing the authorization below, you are giving us permission to discuss the information contained in your medical chart with another individual.

I, _____, give the physicians and staff of Alameda Acute Care Clinic and Family Medicine permission to discuss my diagnosis, procedures, and/or treatment plan with:

_____.

Patient name: _____

Signature: _____ **Date:** _____