

**I&M Medical Associates, PLLC**

**dba Weaners and Losers**

**26 NESBITT RD, Suite 250**

**NEW CASTLE, PA 16105**

**Phone 724-658-2391**

**Fax 724-658-1028**

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize my healthcare provider or his staff to release or discuss any and all of my medical information as well as medical insurance coverage to any of the following people:

**SPOUSE** \_\_\_\_\_

**PARENT(S)** \_\_\_\_\_

**GRANDPARENT(S)** \_\_\_\_\_

**SIBLING(S)** \_\_\_\_\_

**CHILDREN** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**ANSWERING MACHINE** \_\_\_\_\_

**NO ONE \_\_\_\_\_ I DO NOT AUTHORIZE ANY INFORMATION TO BE RELEASED OR DISCUSSED WITH ANYONE OTHER THAN ME.**

**\*\*\*ANSWERING MACHINE ACKNOWLEDGEMENT\*\*\***

I understand that any and all medical Information left on an answering machine could be accessed by any person who has access to the messages left on said answering machine.

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_