

JEFFERSON ORTHOPEDIC CLINIC
920 AVENUE B
MARRERO, LA 70072

Information Release Form:

To protect your privacy, we need you to provide us a list of family / friends that we can release your Medical information to. If you do not want any information released to anyone please check off below at selection #3 and sign below.

I give Jefferson Orthopedic Clinic permission to discuss and / or release all confidential information of any kind, (personal, medical, financial – anything & everything) that they have in their possession regarding myself to the following people:

1) Name: _____ Relationship: _____
Last First Middle
Telephone: _____

2) Name: _____ Relationship: _____
Telephone: _____

3) I do not wish to release my medical information to family or friends: (Check Here) _____

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Patient Name: _____ Date of Birth: / /
Last First Middle

Patient's Signature: _____ Today's Date / /