

Alan R. Morrison, D.O., F.A.C.P.
Internal Medicine for Adults & Adolescents
5410 Connecticut Avenue, N.W. Suite 103
Washington, DC 20015
Phone: 202-966-0622 Fax: 202-966-0977

DISCLOSURE TO FAMILY/FRIENDS

_____ I do NOT authorize Internal Medicine for Adults & Adolescents (“Provider”) to disclose any information concerning my care or treatment by Provider to individuals without my express written consent or legal authorization.

_____ I authorize Provider to disclose information related to my care and treatment to the following named individual(s):

_____	_____
_____	_____
_____	_____
_____	_____

The authorizations provided for above are subject to the following limitations or restrictions:

Patient Name (printed)

Signature of Patient (or legally responsible individual)

Date

Witness

Date