

P. COREY JACKSON, M.D.

RELEASE OF MEDICAL INFORMATION

Please list names below that we may disclose your medical information to. For example, if a family member or friend called our office wanting to know about your medical condition, by law, we are not allowed to discuss any information to them unless their names are listed below. Another example might be if you were hospitalized, the doctor could not discuss any of your medical information if someone calls inquiring about the patient unless their name is listed below. List as many as you wish.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Patient or Parent/Guardian if Minor

Date