**Patient Information:**

1. **Patient Full Name:**
   * Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Patient Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Patient Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Date of Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization to Release Medical Information:**

I, the undersigned patient or legal representative of the patient, hereby authorize the release of my medical information to the following individual/entity:

**Recipient Information:**

1. **Recipient Full Name or Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Relationship to Patient (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Recipient Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Recipient Address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scope of Information to be Released:**

I authorize the release of the following medical information:

* General medical history
* Specific medical condition information (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diagnostic test results
* Medication history
* Treatment summaries
* Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Release:**

1. **Purpose for Releasing Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of Authorization:**

1. **Duration of Authorization:**
   * One-time release
   * Specify duration (e.g., 3 months, 6 months, 1 year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Conditions (if any):**

1. **Additional Conditions or Limitations on Release (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revocation of Consent:**

I understand that I may revoke this consent at any time by providing written notice to the medical provider or entity releasing the information.

**Patient or Legal Representative's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness (if available):**

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**