

Center for Hand Surgery

**385 Bert Kouns, Bldg 500, Shreveport, LA 71106
866-350-HAND or 318-686-9986 fx: 318-686-9505**

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Current privacy regulations preclude us from relaying information regarding your health or financial statements, nor can we discuss test results or prescriptions with family members who call on your behalf, including spouse and children, unless you designate them below.

In addition to information which we must release to your insurance company, referring or consulting physicians, employers, and Worker's Compensation case managers or adjustors, please list below any **other** individuals who may receive information, either in writing or verbally. This authorization is valid until revoked by you in writing.

Name	Relationship	Phone
1.		
2.		
3.		
4		

If you do not wish anyone to have this information, please check the box below.

I do not authorize the release of information to any other individuals.

Print Patient Name

Patient Signature or Legal Guardian

Date

Witness Signature