



St. Mary's Women & Family Care Center
143 Peyton Street
Barboursville, WV 25504 304-697-2035

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Due to the HIPAA regulations, I hereby authorize the following names of those listed below to discuss and participate in my medical care (names of family members/friends who may be calling on your behalf; it is not necessary to list doctors' names.) I understand that if the names are not listed below, the office of St. Mary's Women & Family Care Center, can not release any information.

NAMES

RELATIONSHIP

Patient Signature: _____

Date: _____