



Medical Records Release

By signing below, I, _____, give deny

permission to The Emergency Center to release by medical records to the following person:

Person Name: _____

Relationship to Patient: _____

Phone #: _____

The release of my records may include

- Nursing documentation
- ER Physician documentation
- Laboratory reports
- Radiological reports
- Discharge summary
- Billing information
- Claims status

Patient Signature: _____

Date: _____

Patient Date of Birth: _____