

# MURTHY GEDALA PLLC

## RELEASE OF INFORMATION

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*In order to respect the privacy of your protected health information, please take a moment to answer the following questions:*

- Please list any family members or individuals involved in your care that we may discuss your medical condition with:

**Spouse:** Yes \_\_\_\_\_ No \_\_\_\_\_ Name \_\_\_\_\_

**Other:** \_\_\_\_\_

*Name Relationship Phone Number*

\_\_\_\_\_  
*Name Relationship Phone Number*

\_\_\_\_\_  
*Name Relationship Phone Number*

- If for any reason, we are unable to contact you via phone, may we leave a detailed message on your answering machine?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Printed name of Patient*

\_\_\_\_\_  
*Date of Birth Date*

\_\_\_\_\_  
*Signature of Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Legal Guardian/Representative (if applicable)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_ *Parent or Legal Guardian*

\_\_\_\_\_ *Power of Attorney/Medical or Health Care*