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HERITAGE VALLEY
Health System

Primary Care – Ellwood City
Sharon Dawso, M.D.
1669 Route 65, Ellwood City, PA 16117
Phone: 724-773-8388 / Fax: 724-752-1248

HVMG Primary Care – Ellwood City
Authorization for Release of Protected Medical Information

Patient Name (Please PRINT) _____

Social Security #: _____ **Date of Birth :** _____

I hereby authorize the release of medical information from the patient record to those individuals listed below:

_____
Name of Person or Facility Phone Relationship to Patient

_____
Name of Person or Facility Phone Relationship to Patient

_____
Name of Person or Facility Phone Relationship to Patient

_____
Name of Person or Facility Phone Relationship to Patient

The information in my Medical Record may be released to the above individuals either by phone or in consultation by any of the providers in the office of Family Practice Associates-Sewickley.

HIV, Behavioral Health and Drug & Alcohol information contained in the records indicated above will be released through this authorization unless otherwise indicated.
Dot not release: ☐ HIV ☐ Behavioral Health (Psychiatric) ☐ Drug & Alcohol

I understand that this authorization will stay in effect until revoked by me in writing.

_____ _____
Patient Signature **Date**

If patient listed above is under the age of 18yrs:

_____ _____
Parent/Legal Guardian Signature **Date**