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HERITAGE VALLEY
Health System

Primary Care – Ellwood City
Sharon Dawso, M.D.
Franklin Plaza, 273 Rt. 288, Ellwood City, PA 16117
Phone: 724-773-8388 / Fax: 724-773-8390

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
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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**