HERITAGE VALLEY MEDICAL GROUP

Trinity Family Practice
2580 Constitution Blvd.
Beaver Falls, PA 15010
724-773-6844

PATIENT NAME (PRINT) Date of Birth

PLEASE INDICATE BELOW THE NAME AND RELATIONSHIP OF ANY PERSON WHO MAY RECEIVE INFORMATION CONTAINED IN YOUR MEDICAL RECORDS:

Eric E. Ehrenberg, D.O.

Jarod P. Stragand, D. O.

Thomas L. Slokan, D.O.

Virginia Holbein, CRNP

Sarah Nickells, PA-C

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

MESSAGES MAY BE LEFT ON AN ANSWERING MACHINE:

Confirming appointments:	YES	NO
Confirming normal test results:	YES	NO
Requesting a call back:	YES	NO

HIV, Mental Health, and Drug & Alcohol information contained in the records indicated above will be released through this auhtorization unless otherwise indicated.

DO NOT RELEASE: ____ HIV ____ Mental Health ____ Drug & Alcohol

I UNDERSTAND THAT THIS AUTHORIZATION WILL STAY IN EFFECT UNTIL REVOKED BY ME IN WRITING.

PATIENT SIGNATURE **DATE**