



Patient Medical Release:

I authorize House Calls KC to release my medical information to the person(s) other than myself as listed below:

By signing below, I attest that I understand that, as part of my continuing healthcare, House Calls KC maintains medical records in their office which contain my health history, symptoms, exams, test results, diagnosis, and treatment plans.

I hereby authorize House Calls KC to release this information to my other healthcare provider(s) and insurance(s).

I understand that I have the right to request restrictions as to how my medical records may be used or disclosed.

I understand that this document is a part of my permanent medical record and that I may make changes regarding the disclosure of my health information at anytime by notifying House Calls KC in writing with these changes.

I understand that by signing this document I give House Calls KC and it's providers permission to request my past medical records on my behalf from other health care providers including past physicians, providers, and/or hospitals.

Signature: _____

Date: _____