Health Care Status Authorization

Declaration

I, _____ (name of patient), hereby give authorization to Baptist Health for the release of information concerning the status of my health care, including results of laboratory and radiology tests and to discuss my plan of treatment with:

_____
Name of Authorized Individual

_____
Relationship to Patient

I understand that I may revoke this authorization at any time.

_____
Patient Signature

_____ _____
Date Time