THE PERSONAL WELLNESS CENTER
mind • body • spirit
6508 Deer Pointe Drive Salisbury, Maryland 21804
Telephone: 410-742-6016

AUTHORIZATION TO RELEASE INFORMATION TO PRIMARY CARE PROVIDER

Name:_____ Date of Birth: _____

I hereby authorize The Personal Wellness Center to (check one): _____ Obtain from the following

_____ Release to the following

PCP Name:_____

Address: _____ Phone: _____ Fax: _____

The following information pertaining to services received

_____

_____

_____

The records are required for the specific purpose of: _____

_____

_____

I understand that my authorization will remain effective one year from the date of my signature, and that the information will be handled confidentially in compliance with all applicable federal laws.

I have read and understand the nature of this release.

_____ _____

Signature Date