



8186 Lark Brown Road Elkridge MD 21075  
10981 Johns Hopkins Road Laurel MD 20723  
(410) 730-3399



**AUTHORIZATION FORM TO COMMUNICATE MEDICAL AND/OR FINANCIAL INFORMATION TO OTHERS**

I \_\_\_\_\_ (PRINT PATIENT NAME), AUTHORIZE THE INDIVIDUAL(S) LISTED BELOW AS A SPOKESPERSON TO RECEIVE/PERFORM THE FOLLOWING ACTIVITIES ON MY BEHALF WITH ANY PHYSICIAN, NURSE PRACTITIONER OR STAFF MEMBER AT CENTENNIAL MEDICAL GROUP/FIRSTCALL URGENT CARE:

I AM NOT AUTHORIZING A SPOKESPERSON.

\_\_\_\_\_ (PRINT) RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ (PRINT) RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ (PRINT) RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AM AUTHORIZING MY SPOKESPERSON: (CHECK ALL THAT APPLY)

**FULL ACCESS** TO MEDICAL, FINANCIAL & SCHEDULING INFORMATION.

**OR**

MAKE AND CANCEL APPOINTMENTS ON MY BEHALF.

REQUEST AND DISCUSS MEDICAL INFORMATION (INCLUDING MEDICATIONS).

HANDLE AND DISCUSS FINANCIAL RECORDS AND INFORMATION.

DELIVER AND PICK UP INFORMATION TO/FROM CMG/FCUC ON MY BEHALF.

OTHER (PLEASE DESCRIBE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THIS AUTHORIZATION IS EFFECTIVE FROM: \_\_\_\_\_ TO \_\_\_\_\_ OR **INDEFINITELY** (CIRCLE).

I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION, IN WRITING, AT ANY TIME. I UNDERSTAND THAT THE REVOCATION WILL NOT APPLY TO INFORMATION THAT HAS ALREADY BEEN RELEASED.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE