



211 Gibson Street, NW · Suite 215 · Leesburg · VA · 20176

Phone: (571) 707-2085

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**AUTHORIZATION TO DISCLOSE INFORMATION**

Patient's Full Name \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_

**INSTRUCTIONS FOR LEAVING MESSAGES  
AND/OR DISCLOSING YOUR PERSONAL HEALTH INFORMATION**

OK to communicate with spouse? YES NO

Spouses Name \_\_\_\_\_

OK to leave information on answering machine? YES NO

OK to communicate with parent/children? YES NO

Name(s) \_\_\_\_\_

OK to communicate with caregiver? YES NO

Name \_\_\_\_\_

OK to communicate with any other person(s) YES NO

Please list \_\_\_\_\_

Communicate only with me YES NO

**THIS DIRECTIVE WILL BE CONSIDERED IN EFFECT UNTIL REVISED IN WRITING**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

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