JEFFERSON ORTHOPEDIC CLINIC
920 AVENUE B
MARRERO, LA 70072

INFORMATION RELEASE CONSENT FORM

To protect your privacy, we need you to provide us a list of family / friends that we can release your information to. If you do not want any information released to anyone, please draw a line through the top portion of the form and complete the bottom portion.

I give Jefferson Orthopedic Clinic permission to discuss and / or release any and all confidential information of any kind, (personal, medical, financial – anything & everything) that they have in their possession regarding myself to the following people:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

This is to include information regarding HIV (aids virus), STD (sexually transmitted diseases), pregnancy testing / reproduction and or sexuality rights, psychiatric disorders / mental health and drug / alcohol abuse.

**********There may be a charge for any duplication of records and or films**********

Patients Name (please print): _____

Patients Date of Birth: _____/_____/_____

Patients Signature: _____

Today's Date: _____/_____/_____

This release shall remain valid for one year from the date of signature or until it is revoked in writing.