RIVERSIDE FAMILY MEDICINE

RIVERSIDE BRENTWOOD MEDICAL CENTER
10510 JEFFERSON AVENUE, SUITE A
NEWPORT NEWS, VA 23601
757-594-3800

EXCHANGE OF MEDICAL INFORMATION AUTHORIZATION

I ________________________________ have received the "Patient Privacy Notice"
(Patient's Name)

and understand that this office will not release any of my medical records to anyone unauthorized to access them.

You may exchange my medical information with the person/persons listed below:

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

______________________________ ________________ ________________
Patient's Signature Date of Birth Today's date

***Scan into patients chart**

RRMC6185 1/06 kz/W