



Free Clinic of Culpeper
610 Laurel Street, Suite 3
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Phone: (540) 829-5032
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PERMISSION TO SHARE INFORMATION

_____ I give permission to the Free Clinic of Culpeper to release any medical information and lab/test results to any of the following people I have identified below.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

_____ I do not give permission to the Free Clinic of Culpeper to leave messages or speak with anyone other than myself about my medical care.

Authorized by:

Print Name: _____

Signature: _____

Date of Birth: _____ Date: _____

Please give us the best phone number to reach you regarding any test results, or appointment(s): (_____) _____