

# Patient Consent to Release Information Form Sample

The **patient consent to release information form sample** is a crucial document that authorizes healthcare providers to share medical records with specified individuals or organizations. It ensures compliance with privacy laws while facilitating seamless communication between patients and third parties. Using this form protects patient rights and supports efficient information exchange in medical settings.

## Sample Form

<b>Patient Information</b>	
Full Name: <input type="text"/>	
Date of Birth: <input type="text"/>	
Address: <input type="text"/>	
<b>Recipient Information</b>	
Recipient Name/Organization: <input type="text"/>	
Contact Details: <input type="text"/>	
<b>Information to be Released</b>	
<input type="checkbox"/> Medical History	
<input type="checkbox"/> Lab Results	
<input type="checkbox"/> Imaging Reports	
<input type="checkbox"/> Other (please specify): <input type="text"/>	
<b>Purpose of Disclosure</b>	
<input type="text"/>	
<b>Consent</b>	
I hereby authorize the release of my medical information as specified above to the recipient(s) listed. I understand that this consent is voluntary and may be revoked by me at any time in writing.	
Patient Signature: <input type="text"/>	
Date: <input type="text"/>	

**Submit**