



APEX MD LLC
5310 Twin Hickory Road
Suite A
Glen Allen VA 23059
Phone: (804)273-0010
Fax: (804) 273-0049
www.Apex-MD.com

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION

Due to the Privacy Act please list names of anyone you would like to have access to your medical information. Please understand that without your consent, we will deny any request for information to family members. Only the names listed below will be given any information regarding your medical condition.

I hereby authorize APEX MD LLC, its staff and providers to disclose my protected health information to the following representative:

Representative Full Name:

Relation to patient:

Phone:

This authorization is **valid indefinitely unless cancelled by the patient for future release.**

Signature: