



Release of Medical Information to Family Members

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I authorize Placer Private Physicians to discuss and release all medical information to family members named below. This includes medical records, x-rays, history, findings and prognosis pertaining to the medical condition, service rendered, or treatment given to me. This authorization complies with the confidentiality of Medical Information Act, Section 56ET SEQ of the California Civil Code.

Emergency Contact	Relationship	Phone Number
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Additional Contact	Relationship	Phone Number
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Additional Contact	Relationship	Phone Number
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Additional Contact	Relationship	Phone Number
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Patient Name (Please Print)	Date of Birth
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Patient, Parent/Guardian or Power of Attorney Signature	Date
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