

Patient Label



Epic EMR: \_\_\_\_\_

I, \_\_\_\_\_  
First Name Middle/Maiden Name Last Name

Authorize Sentara staff to have verbal contact with the following people to release, information about my care and status/condition as it relates to:

- \_\_\_ My medical information from \_\_\_\_\_ clinic/stay
- \_\_\_ My psychological state
- \_\_\_ My medications including prescription pick up
- \_\_\_ Leaving voicemails about my care

1 \_\_\_\_\_  
Name Relationship/Phone

2 \_\_\_\_\_  
Name Relationship/Phone

3 \_\_\_\_\_  
Name Relationship/Phone

4 \_\_\_\_\_  
Name Relationship/Phone

5 \_\_\_\_\_  
Name Relationship/Phone

I understand that this authorization is valid for one year and may be revoked or amended at any time.

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
OTHER RESPONSIBLE PARTY SIGNATURE

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Relationship to Patient