POWERS MEDICAL KEITH O, BODRERO, D.O. 6080 N. CAREFREE COLORADO SPRINGS, CO 80922

INFORMATION RELEASE FORM

To Our Patients:

Your privacy is very important to us. In order for us to protect your privacy we are asking each of our patients to take a moment to complete and sign this short release form. Thank you for helping us protect your privacy. Please initial next to appropriate name and sign below.

M. C.		
- My Spouse _	Name of Spouse	
- My Chilaren .	Name(s) of children	
Roominate _	Roommate	
- Other		
	Name of other	
	achine	
- Do Not Disclo	ose my Appointment Informa	·
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- Do Not Disclendarion Regardaries - My Spouse My Children	ose my Appointment Information of Spouse	May be releas
- Do Not Disclonation Regardance - My Spouse My Children Roommate _	Name of Spouse Name(s) of Children Roommate	May be releas
mation Rega - My Spouse _ - My Children _	Name of Spouse Name(s) of Children Roommate	May be releas

<u>Information Regarding my Insurance and Payments Due, Information May be released to:</u>

My Spouse	
Name of Spouse	
My Children	
Name(s) of Children	
Roommate	
Roommate	
Other	
On Answering Machine	
Do Not Disclose my Insurance or Money Information except to me.	
Patients Signature	 Date
Witness	Date