

THE CONRAD | PEARSON CLINIC

1325 Wolf Park Drive
Germantown, TN 38138

CONSENT TO DISCLOSE INFORMATION

THIS CONSENT IS VOLUNTARY

I hereby consent for the The Conrad Pearson Clinic to disclose information related to my health and treatment to the following persons:

Name	Relationship	Phone Number	Type of information (check all that apply)
			<input type="checkbox"/> Treatment <input type="checkbox"/> Insurance Issues <input type="checkbox"/> Payment issues
			<input type="checkbox"/> Treatment <input type="checkbox"/> Insurance Issues <input type="checkbox"/> Payment issues
			<input type="checkbox"/> Treatment <input type="checkbox"/> Insurance Issues <input type="checkbox"/> Payment issues

I understand that this consent is voluntary and I do not have to complete this form. I understand that should I wish to revoke or change this consent form, I must do so in writing. Any disclosures already made pursuant to this consent form will not be impacted by a subsequent revocation.

 Signature of patient or patient's representative

 Date

Printed name of patient's representative _____
 Description of the representative's authority to act for the patient. _____
