



11055 Shoe Creek Dr.
Central, LA 70818
225-261-4493

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize Central Stat Care / Stat Care Clinics to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: _____

All healthcare information; including all sensitive information (i.e. HIV, Hepatitis)

Other: _____

Patient Signature: _____ Date Signed: _____