RIVERSIDE FAMILY MEDICINE

RIVERSIDE BRENTWOOD MEDICAL CENTER
10510 JEFFERSON AVENUE, SUITE A
NEWPORT NEWS, VA 23601
757-594-3800

EXCHANGE OF MEDICAL INFORMATION AUTHORIZATION

I _____ have received the "Patient Privacy Notice"
(Patient's Name)

and understand that this office will not release any of my medical records to anyone unauthorized to access them.

You may exchange my medical information with the person/persons listed below:

_____

_____

_____

I understand that at any time I may revoke this authorization in writing.

_____	_____	_____
Patient's Signature	Date of Birth	Today's date

***Scan into patients chart**

RRMC6185 1/06 kz/W