

Burlington Family Practice

Disclosure of Medical Information

I authorize Burlington Family Practice to discuss my confidential medical information and leave messages regarding my medical conditions with the following people. I understand that if I do not receive expected information (e.g. results of medical tests) it is my responsibility to contact Burlington Family Practice in a timely manner.

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Name Relationship Telephone

Signature

Date

Please Print Your Name and Date of Birth