



Faith Home Care Practitioners, PLLC

34 NE Boistfort St. Ste. 123
Chehalis, WA 98532
360-996-4443 (Office)
855-619-1638 (Fax)
www.faithhcp.com

PERSONAL/PRIVATE HEALTH INFORMATION RELEASE REQUEST

Patient Name: _____ DOB: _____

I, _____, authorize Faith Home Care Practitioners, PLLC and/or their agent(s) to release any and all of my personal/private health information to:

Legal Name

Relationship

Legal Name

Relationship

Legal Name

Relationship

Legal Name

Relationship

Legal Name

Relationship

I understand that some information contained in my record may be sensitive in nature. I also understand that any change in this release/request must be made in writing.

Signature: _____ Date: _____