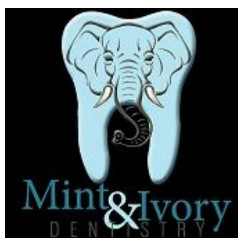

Dr. Brittany Winn McKinley, DMD PLLC
2200 EAST PARRISH AVENUE BLDG. C, STE. 102
OWENSBORO, KY 42303
(270) 926-3199

AUTHORIZATION TO RELEASE INFORMATION

This form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

Patient Name ___________________________________

I ______________________________________, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

_____________________________	___________________
(Please print name)	Relationship
_____________________________	___________________
(Please print name)	Relationship
_____________________________	___________________
(Please print name)	Relationship
_____________________________	___________________
Signature	Date