
# Padder Health Services

**7350 Van Dusen Rd, Suite 130**
**Laurel, MD, 20707**
**Phone: (301) 560-4747**
**Fax: (301) 776-1725**

# Authorization to release information

**This form allows the patient to choose who has access to his/her medical information. If you choose not to authorize anyone, please put a cross over the bottom half and sign.**

**I ..... hereby give permission for the release of my medical information to the following:**

**Name:** ..... **Relationship:** .....

**Name:** ..... **Relationship:** .....

**Name:** ..... **Relationship:** .....

**Name:** ..... **Relationship:** .....

**Name:** ..... **Relationship:** .....

---

**Signature of patient or Authorized Representative** **Date**