Meeta Singh MD PC
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p: 248.480.2220
www.meetasinghmd.com
Meeta Singh MD PC

PERMISSION TO DISCLOSE/SHARE MEDICAL INFORMATION

I, _____, hereby authorize the physicians and staff of Meeta Singh MD PC to give the following people information concerning by health and wellbeing:

_____ Spouse Name: _____

_____ Significant Other Name: _____

_____Other Person Name: _____

Relationship to patient _____

_____**I do not authorize the release of any medical information.**

The following information may be given to the above named person(s):

_____ Appointment Time

_____ Test Results

_____ Medications

_____ Procedure Details

_____ Any other information regarding my health.

_____**Date:** _____

Signature of Patient/ Legal Guardian