

DR. DAVID F. COWAN



PRIMARY CARE SPECIALISTS OF ORLANDO, LLC.

Authorization to Release Information to Family Members

We require your signed consent in order for us to provide any medical information about you to anyone other than one of your Healthcare Providers or your Medical Insurance company.

I authorize Primary Care Specialists of Orlando, LLC. to release information related to my condition, including data about mental illness, alcoholism, sexually transmitted diseases, HIV, AIDS, and the use of drugs or any other information to the following individuals:

____ Relationship to Patient: _____ Phone #: _____
(if different than Patient's)
____ Relationship to Patient: _____ Phone #: _____
(if different than Patient's)

ADVANCED DIRECTIVES

In order to comply with Omnibus Budget Reconciliation Act of 1990 and Chapter 745, Florida Statutes, please answer the following questions.

DECLARATION OF DECLINE LIFE PRO LONGING PROCEDURES (LIVING WILL)

I have made such a Declaration () I have not made such a Declaration ()

HEALTH CARE SURROGATE

I have designated a Health Surrogate () I have not designated a Health Surrogate ()

DURABLE POWER OF ATTORNEY

I have appointed Durable Power of Attorney () I have not appointed Durable Power of Attorney ()

ACKNOWLEDGEMENT FORM

Our notice of Privacy Information about how we use and release health information about you. You have the right to review our notice before signing this form. You have the right to restrict how protected health information about you is used for treatment, payment, or health care operations. By signing the form you consent to our use and release of protected health care operations. By signing this form you consent to our use of and release of protected health care operations as described in our notice. You have the right to revoke this consent in writing, except where we have already made release in reliance on your prior consent.

I acknowledge that I have read and understand the information presented above.

Patient's Signature _____ Date: _____