



19490 Sandridge Way | Suite 240 | Leesburg | VA | 20176

Phone: 703-656-9805

Mei-Hwa Firestone, MD Syed Salman Ali, MD

Authorization for Release of Information to Family

As required by privacy regulations, this practice may not use or disclose your protected health information, except as provided in the Notice of Privacy Practices, without your authorizations.

If there is anyone for whom you give permission to have access to your protected health information, such as a spouse, partner, or family member, you may indicate that below, or mark NONE.

I authorize the following person(s) access to my Protected Health Information. NONE

Name	Phone Number	Relationship to Patient

I give LMG Cancer Center / LMG Infusion Center permission to leave my results or any pertinent medication information on my: (please choose below)

Home Phone Voicemail: Yes No

Cell Phone Voicemail: Yes No

With whomever answers my home phone: Yes No

My signature verifies that this request accurately reflects my wishes. It is my responsibility to notify the office of any changes.

Name: _____

DOB: _____

Patient Signature

Date