

CMH CARDIOLOGY & PULMONOLOGY

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PRIVACY FORM/RELEASE OF INFORMATION

I, _____, give permission to CMH Cardiology & Pulmonology to discuss my medical information and healthcare concerns with:

Name & Relationship

Phone Number

Name & Relationship

Phone Number

Name & Relationship

Phone Number

Name & Relationship

Phone Number

Signature of Patient or Legal Guardian

Date

Printed Name if Different from Patient Name

Relationship to Patient