



David L. Gee, M.D.
Laura Bainbridge, MSN, FNP-C
Michele Miles, PA-C
203 W. Main St. Boise, ID 83702
Phone: (208) 336-7722
Fax: (208) 336-9284

Patient Release Form
Authorization to Release Protected Health Information

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

I, _____ (insert your name) authorize, MAIN FAMILY MEDICAL

to release my protected health information to:

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

This request applies to my:

- Complete medical record
Healthcare information limited to the following conditions or dates:

Reason/Purpose for disclosure:

- Medical
Legal
Financial
Personal

I have read and understood the information in this authorization.

Patient/Guardian Signature: _____ Date: _____