Jeanne Serafin, M.D.
Board Certified in Psychiatry and Neurology

3355 St. John's Lane
Ellicott City, Maryland 21042
Ph. 410-461-9003

jsera99@gmail.com

Authorization to Use /Disclose Health Care Information

Client
Name:_________________________________D.O.B.________________

I request and authorize____

To Release To:

Name:____

Address:____

City:____________________________ State:________________Zip:______

The following protected information:__________________________________

____

Purpose of this
use/disclosure:____
___

Authorization Expires:____

Signature:_______________________________________ Date:_____________

Witness:____ Date:_____________