

**RELEASE Of MEDICAL INFORMATION
to the Patient/Legal Representative**

I, _____, hereby authorize the Center to release the following Medical records to me (patient/legal representative):

Procedure Report Referring Letter Other _____:

Patient/Legal Representative Information

Patient/Legal Representative Name: _____

Patient/Legal Representative Address: _____

Patient/Legal Representative Phone #: _____

Patient/Legal Representative: _____ Date: _____

Witness: _____ Date: _____

This completed form is to be kept in the patient's chart

Patient Label

KEC

KEC Health Care Center

3300 Cooley Court
Portage, MI 49024

Phone: 269-321-3390 • Fax: 269-321-3392