



PIEDMONT
FAMILY • PRACTICE



PIEDMONT
URGENT CARE

540-347-4400 540-347-5200
493 Blackwell Rd, Warrenton, VA 20186

HIPAA Release Authorization Review

PRINT PATIENT NAME: _____ DOB: _____

Where may we leave a message, if any?

We will use the numbers listed on file, please verify with receptionist the numbers are correct.

Check the applicable box(es)

Any applicable comments:

Home

Day phone

Cell

Alternate

List any person we may speak to regarding your care:

If under 18, please list and indicate parent(s) or guardian(s):

(BLANK IMPLIES NO ONE)

Name:

Relation:

If necessary, please list authorized person(s) to bring patient to appointments and their relation to the patient:

(BLANK IMPLIES NO ONE)

Name:

Relation:

Patient or Guardian Signature

Date