



Gulf Shores General Practice Center
The Key to Your Health Care Success
 Gregory Funk, D.O.

Dear Patient:

Below is an authorization giving Gulf Shores General Practice Center physicians and staff permission to speak with your spouse, family members and/or someone specified by you regarding your medical condition, treatment and/or financial matters concerning your treatment. Please list below the individuals who may receive information either by telephone or in person.

I, _____, give permission for Gulf Shores General Practice Center physicians and/or staff to release information to the following:

PLEASE PRINT

(Name)

(Relationship)

regarding my medical condition and treatment, and/or regarding my financial matters associated with my treatment, either by telephone or in person.

(Patient Signature)

(Date)

(Witness Signature)

(Date)