

**POINTE MEDICAL SERVICES, INC.
GARY C. BERNARD, M.D.
1996 KINGSLEY AVENUE
ORANGE PARK, FL 32073
(904) 276-5700**

**AUTHORIZATION TO RELEASE PERSONAL HEALTHCARE
INFORMATION TO SPECIFIC INDIVIDUALS***

Please check one of the following statements

**I DO authorize the release of my personal healthcare information to
_____ (print name of specific individual and
check relation).**

spouse

relative

other i.e. friend or significant other

**I DO NOT authorize the release of my personal healthcare information
to any individual _____ (please initial).**

***Please note that if you choose not to disclose personal healthcare
information to any individual it is possible that your healthcare may be
delayed if we are unable to contact you directly. You may change or
withdraw your authorization at any time in writing.**

Signature of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date