



**Emergency Physicians
Professional Association**
5435 Feltl Road
Minnetonka, MN 55343

Phone: 952-857-9880
Fax: 952-835-4403

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I hereby authorize Emergency Physicians Professional Association to release to the following party any medical information acquired in the course of examination and treatment of:

Patient's Name

Date of Birth

Date(s) of Service

Signed (this authorization is valid for one year from date of signature)

Date

If patient is unable to sign, please complete the following section:

Relationship to patient: _____

Reason patient is unable to sign: _____

Name of Receiving Party and ADDRESS where the information should be sent:

Please sign, date and return to Emergency Physicians Professional Association for your request to be processed.

Patients reserve the right to revoke this consent in writing at any time.