

Spouse/Family Information Disclosure

LIFE EXTENSION CENTER

425 MAIN STREET
RIDGEFIELD, CT 06877
PH: 203.431.6165
FAX: 203.431.6167

2505 BOULEVARD OF THE GENERALS
NORRISTOWN, CT 19403
PH: 203.431.6165
FAX: 203.431.6167

I, _____ /_____/_____
(Print Name) (Date of Birth)

Request the following restrictions to the use or disclosure of my protected information.

Life Extension Center may discuss my medical condition/information with the following people:

Please circle YES or NO and print in the appropriate person's name.

Spouse: YES NO Name: _____

Parents: YES NO Name: _____

YES NO Name: _____

Children: YES NO Name: _____

YES NO Name: _____

YES NO Name: _____

YES NO Name: _____

Significant

Other: YES NO Name: _____

YES NO Name: _____

YES NO Name: _____

Patient Signature: _____ Date: _____