

Spouse/Family Information Disclosure

LIFE EXTENSION CENTER

425 MAIN STREET

RIDGEFIELD, CT 06877

PH: 203.431.6165 FAX: 203.431.6167

Marcie Wolinsky-Friedland, MD

George P. Zabrecky, D.C.

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: _____