

WICKER WELLNESS CENTER

807 Union St., Schenectady, NY 12308 Phone: (518)388-6120 Fax: (518)388-6147

Email: uchealthcenter@union.edu

RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION TO BE RE	ELEASED:	□ТО	☐ FROM		
Name: Wicker Welln Address: 807 Union St Email: uchealthcenter@ur	reet, Schene	ectady, New Y	ork, 12308	Fax: (518) 388 –	6147
INFORMATION TO BE RE	ELEASED:	□ТО	□ FRO	M	
Name:					
Address:					
City/State/Zip:					
Telephone:		*Fax N	lumber:		
REGARDING (Name):			Date of Birth:		
Prescriptions All notes and lab i All notes and lab i Other (please spe	results relati	ng to (specify h	nealth issue <i>or</i> n	nedical specialty):	
PURPOSE OF RELEASE:					
Insurance Legal		continuing Care ther			
THIS IS A SPECIFIC AUT PURPOSE.	HORIZATIC	ON AND MAY I	NOT BE EXTEN	DED FOR ANY	
Name (PRINT):			Date of Birth:		
Signature:			Date:		
Witness Signature:			Date:		