

LA FAMILIA, INC.
PREGNANCY COUNSELING SERVICES

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, _____, hereby authorize any and all healthcare personnel who have provided medical services to me to release all information concerning my pregnancy and the child born or expected to be born on or about _____ to La Familia, Inc. I specifically waive any doctor-patient privilege concerning any information that might be requested by La Familia, Inc. regarding medical services provided to me.

Client

Subscribed and Sworn to before me this ____ day of _____, 200 .

Notary Public

My Commission Expires: _____

Routing:
 Physician's Office
 Client File