



**Instant Medical Care**

**I Care Clinic**

**I Care Healing & Wellness Center**

3262 Vineland Road, Unit 102, Kissimmee, FL 34746, Phone: 407-397-8937, FAX: 407-397-9547

## AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize \_\_\_\_\_ to  
release healthcare information of the patient named above to:

Name: I Care Clinic / Instant Medical Care / I Care Healing & Wellness Center

Address: 3262 Vineland Rd, Suite 102

City: Kissimmee State: FL Zip Code: 34746

This request and authorization applies to:

Healthcare information relating to the following treatment, condition, or dates: \_\_\_\_\_

All healthcare information

Other: \_\_\_\_\_

Consent for medical records via telephonic communications: \_\_\_\_\_

Patient's Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Administrative Use Only:

Office Administrator Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_