Christian Health Aid
...sharing makes a difference...

PO Box 336
Montezuma KS 67867

Phone: 620-846-2286 Fax: 888-877-8825
Email: membersupport@cha.faith

Medical Information Release Form

Patient information:

Name: _____ Date of Birth: _____ Membership #: _____

I hereby authorize Christian Health Aid to disclose the selected information:

☐ Medical information (including assessment, diagnosis, & treatment of patient's condition, appointment concerns, Doctor's notes, and medical records), and Billing information.

☐ Billing information only.

Please list the name and relationship of the people you wish to have this access:

_____/_____

_____/_____

_____/_____

_____/_____

This *Release of Information* will remain in effect until terminated by me in writing.

Signed _____ Date: _____
(Patient or Responsible Party)