



RELEASE OF MEDICAL INFORMATION TO FAMILY MEMBER OR FRIEND:

I authorize Yubadocs Urgent Care to discuss and release all medical information to family members and friends named below, including history, exam findings test results, diagnosis and prognosis pertaining to the medical condition, services rendered, or treatment given to me. I understand that if I request a family member or friend to call on my behalf and their name is not on this release Yubadocs will not give them any of my personal health information. This authorization complies with the Confidentiality of Medical Information Act, Section 56 et Seq of the California Civil Code.

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Patient Name _____ Date _____

Signature _____