



EVOLVE Wellness & Aesthetics

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, parents, or other to call and request the results of tests and procedures. Under the requirements of HIPAA we are not allowed to give this information to anyone without the patient's consent. If you wish to have your test results released to a family member you must sign this form. Signing this form will only give consent to release laboratory and radiology results to family members indicated below. This consent will not allow Evolve Wellness and Aesthetics to release any other information to these family members.

You have the right to revoke this consent in writing, except where we have already made disclosures in reliance to your prior consent.

Name:

Relationship:

Name:

Relationship:

Patient or Representative Signature

Date