

TEGA CAY PSYCHIATRIC ASSOCIATES, PA

REQUEST FOR AND AUTHORIZATION TO RELEASE INFORMATION

By signing below, I understand and agree that Gina Hartmeier, MD is authorized to speak to my next of kin regarding my present and future care. I understand Gina Hartmeier, MD reserves the right to request that my next of kin meet with her, regarding my care. These people will not be able to speak about my account or balances with Gina Hartmeier, MD or office staff. This release is purely to allow her to speak and meet with my next of kin to make sure I get the best possible care.

The following is a list of people I will allow Gina Hartmeier, MD, to meet with regarding my care.

By signing below, I understand the above paragraph and agree to allow Gina Hartmeier, MD to contact my next of kin and meet with them, if needed, to continue the best care possible.

Signature

Date