



FirstCall Medical Center
1071 MD-3 North, Suite 101, Gambrills, MD 21054
(410) 721-2333

AUTHORIZATION TO COMMUNICATE MEDICAL AND/OR FINANCIAL INFORMATION TO OTHERS

I _____, authorize FirstCall Medical Center to release medical, scheduling and/or financial information to my employer,

Please check those that you are authorizing:

- Full access to medical, financial, and scheduling information

OR

- Discuss medical information including medications and test results
- Discuss care plan and return to work information
- Handle and discuss financial records and billing information

This authorization is effective from: _____ to

Patient Signature

Date of Birth

Today's Date