NEW HOPE PSYCHIATRY, PLLC

Wayne Chang M.D.
3715 Latimers Knoll Court, Suite 106
Fredericksburg, VA 22408
Phone: (540) 357-7101; Fax: (540) 361-1874

REQUEST/CONSENT TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ SSN:_____

I hereby request that health information be discussed with and disclosed to the family member(s), relatives, or friends listed below. The individuals identified below are involved in my care and/or payment for my care, and I agree that Wayne Chang M.D. may share such information as he deems relevant to my care (e.g., appointment times, required care and diagnoses).

I understand that I have the right to revoke this request/consent by delivering written notice to Wayne Chang M.D.

Please list the individual's name and relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Patient or Legal Guardian Date