

Consent to Share Personal Health Information

I hereby authorize [REDACTED] to share my personal health information with [REDACTED].

The information to be shared includes:

- Diagnosis
- Treatment
- Medication
- Other [REDACTED]

Purpose of information sharing:

This consent is valid until [REDACTED].

Name of patient: [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]