

Patient Consent for Health Data Release

I, [REDACTED], hereby authorize [REDACTED] to release my health data as described below.

Date of Birth: [REDACTED]

Type of Information to be Released:

- Medical History
- Laboratory Results
- Imaging Reports
- Other [REDACTED]

Purpose for Data Release:

Release To (Name/Organization):

Expiration Date of Consent: [REDACTED]

I understand that I may revoke this consent at any time by providing written notice.

- I acknowledge and agree to the above terms.

Patient Signature: [REDACTED]

Date: [REDACTED]