



**GJB Health Services**  
**GJB EEG Services**

711 North Lynndale Drive; Suite 1A  
Appleton, WI 54914  
Phone: (920) 560-4525  
Fax: (920) 560-6618

## Medical Records Release of Information Form

Patient/Client Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Address** Street: \_\_\_\_\_ Apartment/House Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

I authorize (GJB Provider) \_\_\_\_\_ and/or GJB Health Services/GJB EEG Services, to release my medical records or other healthcare information (unless specified to be excluded), including intake forms, chart notes, reports, correspondence, billing statements, and other written or verbal information concerning my health and treatment to be sent to or received from the following person and/or company/health care facility:

Other: \_\_\_\_\_

Excluded: \_\_\_\_\_

**Address** Provider/Facility: \_\_\_\_\_  
Street: \_\_\_\_\_ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***For Couple's Therapy Clients:*** I understand that my partner must also sign this release before any information can be released for any reason.

**Partner Two Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Format of Release:** Mail (*Certified:* Yes No) Paper Flash Drive Faxed Picked up by \_\_\_\_\_

**Date of Release:** \_\_\_\_\_ **Completed by Team Member:** \_\_\_\_\_

This authorization will be considered valid until GJB Health Services/GJB EEG Services receives notice, written or verbally, that it has been revoked. I understand that the practice will notify me when my health information is released to another outside provider. If my GJB provider would like to release information to another provider, I will be asked to sign a separate Release of Information form specifically for that purpose.