



Cross Natural Health, PLLC
Meridian, ID 83646
(208) 392-8383

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

I request and authorize Cross Natural Health, PLLC to release healthcare information of the patient named above to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

- Healthcare information relating to the following treatment, condition, or dates: _____

- All healthcare information _____

- Other: _____

Printed Name

Signature

Date