

The Village of Ridgewood and its employees or members **ARE** **ARE NOT** authorized to discuss with the entity or person named above any aspect of the patient's medical history, care, treatment, diagnosis, prognosis, information revealed by or in the medical records, or any other matter bearing on his or her medical or physical condition.

Any copy of this document shall have the same authority as the original, and may be substituted in its place.

Dated this ____ day of _____, _____

Signature: _____

Printed Name: _____

Witness Signature: _____

Printed Name: _____

If signer is a patient representative, please describe your relationship to the patient and your authority to act on his/her behalf:

If patient is a minor: Parent Legal Guardian Self

If patient is an adult:

- Court-Appointed Guardian
- Durable medical power of attorney to authorize disclosure of health information on behalf of the patient (attach form and highlight relevant permission)
- Health care proxy (attach form and highlight relevant permission)
- Administrator or executor of the deceased patient's estate (attach death certificate and letter of administration from Surrogate's Court)