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Medical Information Disclosure Consent for Spouse/Family/Guardian

I, _____, authorize Dr. Keith Brennan and his staff to share or explain aspects of my health, concerns, and/or needs to the people I list below.

This explanation may involve details regarding my medical history to properly discuss treatment options. I understand that it is my responsibility to inform Dr. Keith Brennan and his staff if I desire to change this list.

Person #1: _____

Person #2: _____

Person #3: _____

Person #4: _____

Signature: _____ Date: _____