



Hopewell Medical Center
 815 W Poythress Street
 Hopewell, VA 23860
 (804) 458-8557

Colonial Heights Medical Center
 3512 Boulevard
 Colonial Heights, VA 23834
 (804) 520-1110

AUTHORIZATION TO TREAT & RELEASE CLINICAL INFORMATION

I, _____, hereby authorize Appomattox River Medical LLC to perform a medical examination and evaluation on myself and to release any and all medical/non medical information to any person or persons which would need access to my information for continuance of my medical care. My information may be sent to referring physicians; hospitals; physical therapists; durable medical equipment vendors; pharmacies; and any other health care professional, and to such insurance companies, organizations and agencies that may be concerned with the payment of medical services provided to the patient. I further authorize Appomattox River Medical LLC to obtain copies of my medical records and any test results from any source including health care providers, hospitals, insurance carriers, employers, pharmacies (including VA prescription monitoring program).

 Signature

 Date