



1802 W. 4th St.  
Wilmington, DE  
19805  
302.655.5822

908-B E. 16th St.  
Wilmington, DE  
19802  
302.575.1414

27 Marrows Road  
Newark, DE 19713  
302.455.0900

404 Fox Hunt Drive  
Bear, DE 19701  
302.836.2864

1020 Forrest Ave  
Dover, DE 19904  
302.678.4622

306 East Main  
Street  
Middletown, DE  
19709  
302-378-4489

**Authorization for Release of Information and/or Coordination of Care for an Adult Patient**

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

I hereby authorize the following person(s), who is (are) 18 years of age or older, to schedule appointment, pick up documents and talk on my behalf about any topic related to my health at Westside Family Healthcare.

_____	_____
Printed Name	Relationship
_____	_____
Printed Name	Relationship
_____	_____
Printed Name	Relationship

This authorization for consent is effective (select one option below):

- \_\_\_\_\_ only on (date) \_\_\_\_\_
- \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- \_\_\_\_\_ until revoked by me in writing.

I reserve the right to revoke this authorization at any time.

_____	_____
Printed Name and Signature of Patient	Date
_____	_____
Printed Name and Signature of Staff Witness	Date
_____	_____
Printed Name and Signature of Second Staff Witness	Date