Medicare Statement And Beneficiary Agreement

Your medical information is private and always will remain confidential, however, your primary care Physician and/or consulting physicians may require information or records to provide proper evaluation and treatment to you.			
You may release my records to (Please check all that apply): My referring physician and/or primary care physician Any physician I am referred to requesting reports or records from my exams. Any physician I request.			
Prognosis?			condition including diagnosis and
	Yes No		
If Yes, please list name and	l relationship:		
May the above person (s) pi	ick up prescriptic	ons on your behalf?	YES or NO
Signature		Date	Witness
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