

Medical Records Release Form

Patient Name: Dalilah Judy
Address: 8547 Pilot Ave St. Louis Mo. 63123
Phone: 314.405.4979
Date of Birth: 7/13/2006

Above listed patient authorizes the following healthcare facility to make record disclosure.

Facility Name: Trinity Teen Solution
Address: 112 Safe Haven Rd
Facility Phone: 307.645.3384
Fax: 307.462.0673

This authorization is valid for the release of medical information for one year. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: March 31 2021.

Include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). Also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

I authorize Trinity Teen Solution to release any/all medical records, including the diagnosis and records of any treatment or examination rendered. This information may be disclosed and used by the following individual:

Name: Angela M Freiner
Address: 8547 Pilot Ave St. Louis Mo. 63123
Phone: 314.405.4979

Purpose for disclosure: To be aware of the medical treatment Trinity Teen Solution is provided to Dalilah Judy.

***Please email them to angelamfreiner@gmail.com.**

Parent/Guardian Signature: Angela M. Freiner

Witness: /s/ Kyle Ortbal

Date: 7/16/2021

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