Innovative Health and Well-Being PLLC Melissa Gregory, PMHNP-BC

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Release of Information

Patient Name	Date of Birth
	eceive/release my protected health information from/to eleased/obtained and/or shared for the purpose of improving
Primary Care Physician (PCP) Name	PCP phone
Therapist	Therapist phone
School	
Others involved in your care	Phone
This release is valid for the duration of treatm	nent with Innovative Health and Well-Being or
until:	

- I understand the following conditions apply to this Release of Information Consent Form:
- 1.Melissa Gregory, PMHNP-BC cannot be held liable for how other authorized parties protect, store, use, or disclose information that is provided through this Release of Information.
- 2. I may revoke this Release of Information Consent Form at any time by providing a written request to Melissa Gregory, PMHNP-BC and I will not suffer any undue hardships to treatment to the extent that I understand my treatment may be limited by such revocation.
- 3. I may decline to sign this Release of Information and not suffer any undue hardship in treatment to the extent that I understand my treatment may be limited by such declination.

Patient signature	Date	
Parent/Guardian Signature if patient is under the age of 18 years old	Date	