



**THE CECIL SPECIALTY CLINIC**

1009A Dupont Sq N

Louisville, KY 40207

**PH: (502) 894-9950 | FAX: (502) 894-9991**

**THE FOLLOWING AUTHORIZATION MUST BE COMPLETED IN ORDER FOR US TO  
RELEASE ANY PATIENT INFORMATION**

I **AUTHORIZE** The Cecil Specialty Clinic to discuss my symptoms, test results and or treatment with the following individuals:

Name	Relationship	Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I **DO NOT AUTHORIZE** The Cecil Specialty Clinic to discuss my symptoms, test results and/or treatment with anyone other than myself.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth