

CONSENT TO ACCESS TO HOSPITAL RECORDS

Date: _____ Time: _____ AM / PM

I hereby authorize you to furnish a copy of the records of _____ covering the period from _____ to _____ or to allow those records to be inspected or copied by _____.

Signed _____

(Patient or person authorized to consent for patient)

Witness _____

To,

I hereby release _____ and you personally from all legal responsibilities or liability that may arise from the act I have authorized above. The above information has been explained to me in the language and/or manner that I understand. My mother tongue is _____

Signed _____

(Patient or person authorized to consent for patient)

Educational Status / Qualification _____

Witness _____