

EUROPEAN EXPERT CARE AGENCY, INC
110 Norman Avenue
Brooklyn, New York 11222
(718) 349-0099

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, _____ hereby grant

EUROPEAN EXPERT CARE AGENCY, INC. the right to release medical information regarding my diagnosis and treatment plan to the following person(s):

No authorization is needed to release information to the following:

I understand the above, which has been explained to me in full.

Patient's Signature

Date

Witness