Darla R. Cowart, M.D. Karen L. Allen, M.D. Brian A. Cost, M.D. Jeff Garrard, M.D.
4205 Balmoral Drive, Ste. 200
Huntsville, AL 35801
Phone: (256) 382-7767 Fax: (256) 880-5262

DISCLOSURE RELEASE

This form authorizes Dr. Allen/Dr. Cowart/Dr. Cost/Dr. Garrard or their staff to discuss my medical conditions and test result with the person(s) stated below--including the authorization to pick up prescriptions and/or letters on my behalf.

Name of Person(s):	Relationship to Patient:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OR

☐ **No one. I understand by electing to list no one on my disclosure, that I will be the only person who may obtain information or pick up prescriptions and/or letters from this office.**

I understand this form is valid until I complete a new form; I may cancel this authorization by sending a letter to the office or completing a new form.

_____ _____
Patient Signature Date

_____
Patient Name (please print)

3/30/2010