

AUM Student Health Services
Medical Information Release Form
(HIPPA Release Form)

Name: Dorn R. Majure Date of Birth 07/21/67

Release of Information

☐ I authorize the release of information including the diagnosis, records, examination rendered to me, and claims information. This information may be released to:

☐ Spouse: _____

☐ Child(ren): _____

☐ Other: _____

☐ Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated by me in writing.

Messages

Please call ☒ my home ☒ my work ☒ my cell number: (334)-315-3220

If unable to reach me:

☒ you may leave me a detailed message

☐ please leave a message asking me to return your call

☐ other: _____

The best time to reach me is (day or days) M-F between
8:00 and 5:00 times.

Signed: Dorn R. Majure, Psy.D.
Date: 07/21/17