Cruz Clinic Integrative Psychology of Ann Arbor

Release of Information

Patient Name	Date of Birth
The following individuals may contact Cruz C	Clinic for the following reasons:
NAME	PHONE
Please check all that apply	
Call to schedule/cancel/change an appo	ointment
Inquire about or inform the clinic abou	t patient's insurance/or patient liability
Other	
This authorization will not expire unless requ	uested by patient.
 Patient Signature	 Date
Witness/Cruz Clinic Employee	Date

N: forms/patient forms/release of information