57 Northeastern Blvd Ste 202
Nashua, NH 03062
Phone: 603.821.4009
Fax: 603.821.4039

PERSONAL/PRIVATE HEALTH INFORMATION RELEASE REQUEST

Patient Name: _____ D.O.B.: _____

I, _____, authorize Altrix Primary Care – Nashua, LLC and/or his agent(s) to release any and all of my personal/private health information to:

_____	_____
Legal Name	Relationship
_____	_____
Legal Name	Relationship
_____	_____
Legal Name	Relationship
_____	_____
Legal Name	Relationship

I understand that some information contained in my record may be sensitive in nature. I also understand that any change in this release/request must be made in writing.

Date: _____ Signature: _____