

94 Connecticut Boulevard East Hartford, Connecticut 06108 F: 860-528-5180 Ph: 860-528-1359

Authorization for Release of Protected Health Information (Medical/Dental Records)

| Address: I, the undersigned authorize First C health information to/from the belo Name: Organization Name: Street Address City: Telephone: (| State:Fax: (| Middle Initial: Date of Birth: □ DISCLOSE or □ RECEIVE protected Zip Code: |
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