

Joshua Healthcare

2429 M Street
Omaha, NE 68107
Phone: 402-731-7333
Fax: 402-614-5405

REQUEST FOR RELEASE OF PROTECTED HEALTH INFORMATION

Name: _____ Provider: _____

Birth date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list the names of those you permit us to visit with, pick up prescriptions and/or samples and also please include their relationship to you. We will not give prescriptions and/or samples or discuss your care with anyone whose name does not appear on this list. A current driver's license or photo I.D. is required when picking up prescriptions.

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Patient or Legal Guardian: _____

Date: _____