

**Kentwood Family Physicians, PC**  
5070 Cascade Road, SE, Suite 250  
Grand Rapids, MI 49546  
Phone: (616) 281-9066 Fax: (616) 281-0539

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Bruce M. Baker, D.O.  
Susan L. Baker, D.O.  
David L. Byington, D.O.

Patient Name: \_\_\_\_\_

I hereby give permission to Kentwood Family Physicians, P.C. to share any and all of my medical information to the individuals listed below. This information may include but is not limited to information regarding mental health treatment; drug and/or alcohol dependency or abuse; and testing, care, treatment, reporting, or research pertaining to infection with HIV or other sexually transmitted diseases.

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

This release may not be used for any other purpose. This release is effective until such time as it is revoked in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_