LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Personal Representative Consent

I give permission to Lamprey Health Care to discuss my health information for the purposes of treatment, payment/financial matters, and Lamprey Health Care's operational purposes with:

Personal Representative's Name (print clearly): _____

Relationship to patient: _____ Phone: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Examples of how my information may be used include, but are not limited to, scheduling appointments, requesting refills and/or verbally receiving test results on my behalf. If applicable, the information disclosed may include substance use disorder treatment, behavioral health treatment, and other sensitive health information related to the aforementioned purposes.

This authorization will be valid until I provide Lamprey Health Care with a written notice of cancellation.

Patient's Name Printed Clearly: _____

Patient's Date of Birth: _____ Today's Date: _____

Patient's Signature: _____

Nashua Center, 22 Prospect Street, Nashua, NH 03060 (603) 883-1626
Newmarket Center, 207 South Main Street, Newmarket, NH 03857 (603) 659-3106
Raymond Center, 128 Route 27, Raymond, NH 03077 (603) 895-3351