

**CROSSROADS MEDICAL GROUP, PLLC  
PO BOX 1669  
WHITE HOUSE, TN 37188**

**GOODLETTSVILLE      PORTLAND      WHITE HOUSE**  
**615-855-0437            615-325-2226            615-672-7122**  
**615-855-6704 (FAX)    615-325-8885 (FAX)    615-672-8122 (FAX)**

**RELEASE OF INFORMATION**

Patient  
name: \_\_\_\_\_

I, \_\_\_\_\_ give permission to Crossroads Medical Group to discuss my medical conditions(s), my treatment, and information regarding my appointments with the following individuals:

\_\_\_\_\_ Name \_\_\_\_\_ Relationship

\_\_\_\_\_ Name \_\_\_\_\_ Relationship

-----OR-----

\_\_\_\_\_ Crossroads Medical Group and their staff may not divulge information regarding my medical care or treatment to anyone other than me.

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**CONSENT TO TREAT**

I, \_\_\_\_\_ hereby authorize Crossroads Medical Group and any of its physicians and/or staff to treat my medical condition(s). The risks, benefits and alternatives will be explained at the time of service. I have the right to question and/or refuse treatment. I hereby release Crossroads Medical Group and its physicians and/or staff from any liability.

Responsible Party  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient \_\_\_\_\_