

Signature of Patient or Personal Representative	
Attestation: I understand the nature of this authorization.	
Signature of Patient or Personal Representative	Date
Print Name	
If this authorization is signed by a personal representative of the above-named patient, the personal representative must describe his or her authority to act:	
Signature of Witness *	Date
Signature of Witness *	Date

* Witness only needs to sign if records relate to 55 PaCode 5100.34 (f) (6)-(7).