

**GREENHOUSE INTEGRATIVE MEDICINE**

81 Big Oak Rd., Suite 101, Morrisville, Pa 19067

Phone: 267-685-6428

Fax: 267-933-4656

**Dr. Dana Mincer, D.O.**

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION:**

I, \_\_\_\_\_, \_\_\_\_\_,  
*(PRINT Name of Patient/Participant) (Date Of Birth)*

authorize \_\_\_\_\_, to disclose to  
*(Name of Physician, Group, Program or Facility making disclosure)*

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**81 BIG OAK ROAD**

**SUITE 101**

**MORRISVILLE, PA 19067**

**the following information:** last 2-3 office visits, diagnosis codes, current meds, results of related studie .

**For the purpose of:** continuity of care/medical marijuana

The information has been disclosed to you from records protected under State and Federal Confidentiality Statues; Drug/Alcohol (PA Law 71 P 8 1690.101 et seq), HIV-Related information (ACT 148), and Psychiatric Treatment (PA Law 50 P, 5100). Pennsylvania law prohibits you from making further disclosure of this information unless further disclosure is expressly authorized by the written consent of the person to whom it pertains.

I understand that I may revoke this consent at any time. However, this consent will automatically expire upon release of this information.

Executed on this date: \_\_\_\_\_

Signature of Patient/Participant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_