

**ANASTASIA FAMILY CARE**

103 Anastasia Blvd.  
Saint Augustine, FL 32080  
PH (904) 825-4747  
FAX (904) 825-2885

I, \_\_\_\_\_, give

Anastasia Family Care Providers and Staff permission to speak with,

\_\_\_\_\_ my \_\_\_\_\_  
(Name) (Relation)

in regards to any and all of my medical condition and any information in my  
medical chart, until otherwise indicated in writing.

Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date