

Meadowlands Family Health Center

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On this day ___ of _____ 2014, with the intention of being legally bound, the undersigned hereby releases from liability, and dissolve Meadowlands Family Health Center and its employees, representatives and agents of all responsibility for any of my personal medical information, in my possession, once I take it from the clinic, whether it be on CD, USB, paper or any other means of transferring information. I accept full responsibility for my medical information once it is in my possession.

Name: _____

Signature: _____

Address: _____

Phone: _____

Date: _____

Witness: Name: _____ Date: _____

Witness Signature: _____