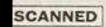


Authorization to Release Protected Health Information



Mayo Clinic Number 5 - 6 7 8	June 29, 1861
Information From Mayo Clinic, 200 Street SW, Rochester, 55905 Other (Specify facility additional & address below, including phone/fax if known.)	Release Information To SW, I M Attr Stitch Wais address below, including phone/fax if Le Sueur, M Le Sueur, M Attr Street
Purpose of see	
All Treatment/Continued Care Application for Insurance Other Please mail these records	o my home on CD. de cide how you want to obtain than).
Information to be Released	decide how you mant to obtain themy.
Service Dates (From 1914 To 10-30-19	Needed By (Optional)
DENGS DE	liology Reports Hospital rge 9
Records of available to me	per law 45.CFR 164.501 behavior and/or mental head are, alcohol and drug abuse treatment, been taken in reliance upon it.
i understand the information to be released may include recorded and genetics. This authorization may be revoked a must be made in writing to provider/facility and the information. I may be charged for copies in accordance will subject to redisclosure by the recipient and may no longer be provided.	nformation. The provider/facility vill not condition treatmen state law. Information used or disclosed pursuant to this
This authorization will expire one year from the date of signing unless I	dicate an earlier date
If the patient is 18 years of age or older and is incapable of the patient is 18 years of age or older and is incapable of Please indicate your legal authority and include documentation. Legal Guardian or Conservator.	signing, a legally authorized substitute may sign and date the form. If your relationship: Ient (Health Care Power of Attorney)
If the patient is 17 years of age or younger, the patient's patient's patient's patient is under state or federal law. Please indicate your relations Parent Legal Guardian	nt or legal guardian must sign and date the form, unless an exception ip:
Signature (Required)	Date Signed (Required) (Month pp, 1777)
Printed Name of Person Signing (If Not Patient) Willia Mailing Address of Patient - Street	n Mayo
118 North Main S	