

CENTER FOR COMMUNITY BUILDING, INC
3525 NORTH 6TH ST
HARRISBURG PA 17110
717-232-7009-MATP NUMBER 717-232-9884 FAX NUMBER
1-800-309-8905 TOLL FREE NUMBER

DAUPHIN COUNTY
MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP)

Authorization for Release of Health Care Information

I, _____ hereby give authorization to the
(Name of Client) above organization.

(Address)

(Phone Number)

Health Care Providers

(Name of Provider)

(Address)

(Phone Number)

(Name of Provider)

(Address)

(Phone Number)

I understand that I am giving an authorization for the release of confidential medical appointment verification and that I may revoke this release at any time except to the extent that the person or organization that is to make the disclosure has already acted upon it.

Client or Guardian

Date

Name of Client: _____

Health Care Providers

(Name of Provider)

(Address)

(Phone Number)

(Name of Provider)

(Address)

(Phone Number)

(Name of Provider)

(Address)

(Phone Number)

(Name of Provider)

(Address)

(Phone Number)