Arthritis Care Center, PC
Complete Rheumatology Care
Usharani M. Kumar MD, PhD, FACR, FACP
609 35th Avenue, Moline, IL 61265
Phone (309) 762-4500 Fax (309) 762-7330

INFORMATION RELEASE FORM

Information of my health care may be discussed with the following individuals:

Please list the name(s) of the individual(s) with whom you will allow your health condition to be discussed with:

Spouse_____ Phone _____

Child(ren)_____ Phone _____

Parent(S) _____ Phone _____

Other _____ Phone _____

Answer Machine/may we leave a message? Yes ___ No ____

Understand it is my responsibility to contact the Arthritis Care Center, PC of any changes (e.g., divorce, etc.). Failing to inform us of any changes could result in your health information being shared against your wishes. Please keep us informed so you may be better informed.

Patient Signature_____ Date_____