



**Prisma Health  
Personal Health Information Release**

I authorize the following individual to pick up my health screening results\*:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
LEGAL NAME OF PERSON PICKING UP PACKET PICKUP PERSON DATE OF BIRTH

\*Prisma Health will check identification of individual picking up results  
*Please note: Prisma Health will deliver your results in a sealed envelope.*

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_