

Medical Information Release Form (HIPAA Release)

This form may be used to designate an emergency contact and/or anyone you would like us to be able to speak with on your behalf. You may revoke this authorization at any time.

Name: _____ Date of Birth _____

Release of Information

I authorize the release of my protected health information including appointment dates and times, diagnoses, records, examinations rendered to me, and claims information examinations. This information may be released to:

Spouse _____ Phone # _____

Child _____ Phone # _____

Other _____ Phone # _____

Use only in case of emergency

I do not give authorize to release my protected health information.

This *Release of Information* will remain in effect until terminated by me in writing.

Messages

Please call my home work cell. Phone number: _____

Signature: _____ Date: _____