Release of Information
(HIPAA Release Form)

***Please list ALL current patients below:**

Patient Name(s):_____ **DOB:** ____/____/____

_____ ____/____/____

_____ ____/____/____

_____ ____/____/____

Release of Information

I ,_____ (parent or guardian if patient is a minor), authorize the release of information rendered to me; including the diagnosis, records, account balance, claims information, and appointments. Information may be released to:

(Please include first & last name)

[ ] Spouse_____

[ ] Child(ren)_____

[ ] Parent_____

[ ] Other_____

[ ] Information is not to be released to anyone.

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

Signed: _____ Date: ____/____/____

(parent or guardian if patient is a minor)

Employee Initials: _____

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