## <u>Medical Information Release Form</u> (HIPAA Release Form)

Name:	Date of Birth://
<u>Relea</u>	ase of Information
[] I authorize the release of info examination rendered to me and clato:	ormation including the diagnosis, records; aims information. This information may be released
[·] Spouse	·
[] Child(ren)	
[] Information is not to be release	sed to anyone.
This <b>Release of Information</b> will re	main in effect until terminated by me in writing.
	<u>Messages</u>
Please call [] my home [] my v	vork [] my cell Number:
If unable to reach me:	
[ ] you may leave a detailed m	nessage
[] please leave a message as	
	between (time)
Signed:	Date://
Vitness:	