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

Name:	Date of Birth://
Relea	ase of Information
	ormation including the diagnosis, records; aims information. This information may be released
[] Spouse	
[] Child(ren)	
[] Other	
[] Information is not to be relea	sed to anyone.
This Release of Information will re	emain in effect until terminated by me in writing.
	<u>Messages</u>
Please call [] my home [] my	work [] my cell Number:
If unable to reach me:	
[] you may leave a detailed r	nessage
[] please leave a message a	sking me to return your call
[]	
The best time to reach me is (day)	between (time)
Signed:	Date:/
Witness:	Date: / /