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

Name:			Date	of Birth: _	//
	<u>Relea</u>	se of I	nformation	<u>1</u>	
	horize the release of infon rendered to me and cla		•	•	
[]S	pouse				
[]C	hild(ren)				
[]0	ther				
[] Info	mation is not to be releas	sed to any	yone.		
This <i>Relea</i>	se of <i>Information</i> will re	main in e	ffect until termi	nated by m	e in writing.
		Messa	<u>ages</u>		
Please call	[] my home [] my v	work [] my cell Numb	oer:	
If unable to	reach me:				
[] yo	ou may leave a detailed r	nessage			
[] pl	ease leave a message a	sking me	to return your	call	
[]_					
The best ti	me to reach me is (<i>day</i>)			between (time)
Signed:			Da	te:/_	
Witness:			Da	ate· /	/