

**HIPAA Release of Information**

**Messages regarding office appointments may be left on my:**

 Cell phone  Home phone  Work phone

 Email  Sent as text to cell phone

**Messages regarding information related to my care may be left on my:**

 Cell phone  Home phone  Email

**It is okay to discuss my health information with:**

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**This HIPAA Release of Information was signed by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name – Patient or Patient Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Relationship to Patient**

**(if other than patient):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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