## **Medical Information Release Form (HIPAA Release Form)**

Name:	Date of Birth://	
Release of Informat	<u>ion</u>	
medication dose changes, as This information may be rel	eased to:	records, examination results,
□ - Spouse		not to be released to anyone other than me.
□ - Other		
Messages		
	ne is	phone is
If unable to reach me:  ☐ - You may leave a  OR ☐ - Please leave a m	detailed message dessage asking me to return your ca	☐ - Do not leave messages on my phone mailbox.
The best time to reach me is	(day of week)	between (time)
E-mail Messages		
	to send messages for me to contact detailed messages and information	
	to the e-mail message.	
Wiy e man address is	,	<del></del>
	will remain in effect until terminal eludes any psychiatry and psycholo regulations.	
Patient Signature:		Date:/
Witness Signature:		Date:/

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