



SPINE & SPORTS CARE

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Medical Information Release Form (HIPAA Release Form)

Patient Name: _____ Date of Birth _____

RELEASE OF INFORMATION

I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

Spouse _____

Child(ren) _____

Other _____

Information is not be released to anyone

This Release of Information will remain in effect until terminated by me in writing.

MESSAGES

Please call My Home My Work My Cell Number _____

If unable to reach me: You may leave a detailed message
 Please leave a message asking me to return your call
 Other _____

The best time of day to reach me _____

Signed _____ Date _____