

# Authorization to Release Health Care Information

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

**I request and authorize the above listed doctor and practice to release health care information of the patient named above to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**This request and authorization applies to health care information relating to the following treatment, condition, or dates of treatment:**

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

Or \_\_\_\_\_ All health care information

Or \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

**I may cancel this authorization to the extent allowed by law. If I do, I understand that the doctor or practice may have already released information about me after I gave permission. I know that canceling this authorization would not prohibit any release of information by the doctor or practice on reliance on my original authorization.**

**There are two ways to cancel this agreement. I can:**

- Sign and date a form available from the doctor or practice called "Revocation of Authorization for Use and Disclosure of Health Care Information" or
- Write a letter to the doctor or practice. If I write a letter, it must say that I want to cancel my authorization to disclose my health care information. My letter must include the name or other specific identification of the person(s) that I no longer want to receive information. I (or my authorized representative) must sign and date the letter.

**Once my doctor gives out the information that I want released, I know that my doctor has no control over the information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or state privacy laws may no longer protect the information.**

\_\_\_\_\_  
Signature of patient or patient's authorized representative

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Relationship or status if signed by parent, legal guardian, personal representative, etc