

HIPAA Release Form

This Form is used to obtain acknowledgment of receipt of Privacy Practices or to document good faith effort to obtain that acknowledgment.

I, _____, have received a copy of this office's Notice of Privacy Practices.

(Signature)

(Date)

Authorization to Release Information

This Form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, _____, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

(Print Name)

(Relationship)

(Print Name)

(Relationship)

(Print Name)

(Relationship)

Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An Emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

