Pediatric Partners
Where care grows.

Terry Brenneman, MD • Melanie Walker, MD • Virginia Schreiner, MD • Kelly Hayes, MD • Nina LeCompte, MD

MEDICAL INFORMATION RELEASE FORM - (HIPAA RELEASE FORM FOR PATIENTS OVER 18 YEARS OF AGE)

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:

( ) Parent_____

( ) Spouse_____

( ) Other_____

( ) Information is not to 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

( ) _____

Signed:_____ Date:_____

Witness:_____ Date:_____

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