



Great Plains Geriatrics, L.L.C.
118 Ponderosa Ave
Hill City, SD 57745
605-394-2118

HIPAA Release Form

Mail or email completed forms to:

Address: 118 Ponderosa Ave., Hill City, SD 57445

Email: admissions@gpgcare.org

Authorization to Release Protected Health Information

Patients/POA must complete this form to authorize the release of protected health information to the account holder.

Please complete this form in its entirety so we can help you receive the information you are requesting. This authorization is voluntary. This information will help your primary care provider to better understand your past medical history in order to provide the highest level of care possible.

Medical Records Requested:

- Complete medical records (past 12 mths)
- Provider Office Visit Notes
- Hospital/ER Encounter Notes
- Hospital Discharge Notes

- Labs/Diagnostics
- Behavioral Health
- Other

Start Date: _____

End Date: _____

Primary Account Holder Information

Last Name

First Name

M.I.

Street Address

City

State ZIP

Email

Phone

SS#

Authorization of HIPAA Release (to be completed by patient or POA)

I hereby consent to the release of the specified information relating to diagnosis, testing or treatment to the person or entity named above. I understand that such information cannot be released without my informed consent. I acknowledge I have fully reviewed and understand the contents of this authorization form. My signature below indicates that I hereby agree to and authorize the release of patient health information to the above named person or organization. You have the right to revoke or cancel this authorization, in writing, at any time. I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment, enrollment, or eligibility for benefits).

Date	Patient's Date of Birth	Date of Authorization (Effective for 12 months unless otherwise stated)
Patient/POA Name (Please print)		Patient/ POA Signature
NOTE: If the person signing above is a personal representative of the named individual, attach a copy of document granting authority to the personal representative.		