



19426 Leitersburg Pike
Hagerstown, MD 21742
Phone: 240-513-6330
Fax: 240-513-6332

HIPPA RELEASE FORM

Patient Name: _____ Date: _____

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: _____ Phone # _____

Child(ren): _____ Phone # _____

Other: _____ Phone # _____

Information is not to be released to anyone.

THIS RELEASE OF INFORMATION WILL REMAIN IN EFFECT UNTIL TERMINATED BY ME IN WRITING.

I attest that the above information is correct _____ / ____ / ____
Signature Date

MESSAGES

Please contact me: home work cell email

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

I attest that the above information is correct _____ / ____ / ____
Signature Date