

DELETE THIS PORTION BEFORE PRINTING

This is a sample HIPAA release form to permit the release of health information to family and friends. The common practice of discussing a patient's condition, treatment, and outlook with the patient's spouse, children, other family members, or friends may violate the privacy rules unless proper authorization is obtained in advance. HIPAA provides for an informal agreement in lieu of a formal written authorization in such cases. Although an informal arrangement may even be orally made, a separate written HIPAA authorization is a better approach.

HIPAA RELEASE AUTHORITY

During my treatment with any health care provider, I want my immediate family members except those listed below to receive information about my medical condition and outlook from any of my health care providers. My immediate family includes a spouse, parents, children, grandchildren, great-grandchildren, brothers, sisters, nieces and nephews. Also, I want the following other family members and friends to receive such information:

I do not want the following family members to receive such information: _____

I authorize my health care provider to release information about my medical condition and outlook to the above described family members and friends.

I also authorize an agent under a durable power of attorney to name additional persons who may receive such medical information.

This authorization is intended to comply with the informal agreement provision of Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320 and 45 CFR 164.510.

I authorize my health care provider to list my name in a patient directory.

The authority given above has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

Photocopies of this signed release shall be treated as original counterparts.

Witness

Signature of Patient or Representative

Dated: _____

Social Security Number of Patient

Date of Birth of Patient

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