

8570 Granite Court • Fort Myers, FL 33908
Phone (239) 313-2740 • Fax (239) 313-2741

11181 Health Park Blvd., Suite 3020 • Naples, FL 34110
Phone (239) 653-9118 • Fax (239) 653-9108

Name: _____ Date of Birth: ____/____/____

We may release your health information, including information about your condition, to a family member or friend who may be involved in your medical care or who helps pay for your care. As described in our Notice of Privacy Practices, you have the right to request that we do not release your health information to certain individuals.

Please use the form below to indicate with whom we may release your health information to notify or assist in the notification of a family member or friend who may be involved in your care.

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 _____

Child(ren) _____

Other _____

Information is not to be released to anyone.

This HIPAA Release will remain in effect until terminated by me in writing.

When leaving a 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

The best time to reach me is (day of week) _____

between (time) _____ and _____.

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____