



- Ocala**  
433 SW 10<sup>th</sup> Street Ocala FL, 34471  
Phone (352) 732-4032 • Fax (352) 620-0419
- Timber Ridge**  
9401 SW SR 200 Suite 702 Ocala, FL 34481  
Phone (352) 237-7170 • Fax (352) 237-8808
- Lady Lake**  
13940 US HWY 441 N Lady Lake, FL 32159  
Phone (352) 259-8940 • Fax (352) 430-1073

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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 a family member or friend involved in your care to whom we may release your health information.

**Release of Information:**

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information.

The information may be released to: *(Please be specific with names)*

- Spouse \_\_\_\_\_
- Child(ren) \_\_\_\_\_
- Other \_\_\_\_\_
- Information is NOT to be released to anyone.

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

**When leaving messages:**

Please call:  my home  my work  my cell Phone: (\_\_\_\_\_) \_\_\_\_\_

If you are unable to reach me:

- You may leave a detailed message
- Leave a message requesting me to return your call
- Other: \_\_\_\_\_

The best time to reach me is \_\_\_\_\_, between \_\_\_\_\_ and \_\_\_\_\_  
*Day of the week Time Time*

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_