



- Ocala**
3130 SW 32nd Avenue Ocala FL, 34474
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: ____/____/____