

# Patient HIPAA Release Form

*The Health Insurance Portability & Accountability Act of 1966 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept confidential.*

*A copy of this policy is available to you at your request and on our website.*

The Doctors and Staff of Advanced Eyecare and Vision Gallery may release information on my health to the following Individuals:

**Name**

**Relationship**

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Name

Signature

Date

\_\_\_\_\_

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