

Patient HIPAA Release Form

The Health Insurance Portability & Accountability Act of 1996 (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 of Hillsborough may release information on my health to the following Individuals:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Patient Name _____ Signature _____ Date _____

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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 _____