

Medical Information Release Request

Date: _____

Patient Name: _____

Date of Birth: _____

The above-captioned Patient hereby requests that _____ ,
release any and all of my medical and patient information to Dr. _____ .
This release will include, but not be limited to, copying any relevant medical chart information.

This Release is intended as formal waiver of any privacy laws including HIPAA and other relevant rules or statutes.

_____ and Dr. _____ will ensure
that Patient's chart will only be accessed by authorized medical personnel.

Signed,

Patient