Abingdon Internal Medicine
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HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid, and it will not be possible for your health information to be shared as requested.

Section I

I, ____, give my permission for

____ to share the

information listed in Section II of this document with the person(s) or organization(s) I have specified in Section IV of this document.

Section II – Health Information I would like to give the above healthcare organization permission to:

Tick as appropriate

☐Disclose my complete health record including, but not limited to, diagnoses, lab test results, treatment, and billing records for all conditions.

☐Disclose my complete health record except for the following information.

- ☐Mental health records
- ☐Communicable diseases including, but not limited to, HIV and AIDS
- ☐Alcohol/drug abuse treatment records
- ☐Genetic information
- ☐Other (Specify) ____

Form of Disclosure:

☐Electronic copy or access via a web-based portal

☐Hard copy

Section III – Reason for Disclosure

Please detail the reasons why information is being requested. If you are initiating the request for sharing information and do not wish to list the reasons why, write 'at my request'.

____

____

Section IV – Who is to Receive My Health Information

I give authorization for the health information detailed in section II of this document to be shared with the following individual(s) or organization(s)

Name: ____

Organization: ____

Address: ____

Fax Number: ____

Section V – Duration of Authorization

This authorization to share my health information is valid for a period of one year from the date of signature.

Section VI – Signature

Signature: __________________________________ Date: _________________

Print your name: ____

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name: ____

Signature: ____

Relationship: ____