

## **Authorization Form**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) took effect on April 14, 2003.

In order to comply with this regulation, we need an authorization from you to release any health care information to family members, friends, etc.

Below, please list all the people you would like to authorize on your behalf:

NAME

PHONE NUMBER


\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date