



905 29<sup>th</sup> Ave STE 120 Marion, Iowa 52302

Phone: (319)826-6374 Fax (319)826-6377

**Authorization for Release of Information to Friends and/or Family**

Many of our patients allow family members such as their spouse, parents, or others to call and request medical or billing information. HIPAA privacy laws restrict sharing patient information without the patient's consent. If you wish to allow your medical or billing information to be shared with family members, please indicate with whom this information can be shared with and sign below.

I authorize Infinity Medical Clinic to release my medical and/or billing information to the following:

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Patient Information**

I understand I have the right to revoke this authorization at any time (in writing) and that I have the right to inspect or copy the protected health information to be disclosed.

I understand that information disclosed to any above recipient is no longer protected by federal or state law and may be subject to re-disclosure by the above recipient.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_