

**AUTHORIZATION TO RELEASE
MEDICAL INFORMATION
TO INDIVIDUALS/FAMILY MEMBERS**

It is the responsibility of PrimaryPlus to ensure that information regarding patients remains confidential. This means that information regarding your medical condition, billing and insurance issues or any other protected health information as identified under HIPAA, cannot be released to other people, not even family members, unless you authorize, in writing, the person(s) to who you want that information released.

_____ **I do not** authorize PrimaryPlus to release any or all information concerning my medical care to any individual except as set forth above.

_____ **I authorize** PrimaryPlus to release (verbally/written) any or all information concerning my medical care to the following individuals.

Name

Relationship to Patient

Name

Relationship to Patient

Name

Relationship to Patient

Patient Signature

Date

Print Patient Name

Date of Birth

Social Security #

Witness Signature

Date