AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In accordance with Federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPAA), in order for your healthcare provider or staff of Endwell Family Physicians LLP to discuss your condition with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

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

_____ I **authorize** Endwell Family Physicians LLP to release any or all information concerning my medical care to the following individuals:

Name	Relationship to Patient	Phone #

_____________________________ Print Patient Name

_____________ Date of Birth

_____________________________ Patient Signature

_____________________________ Date

Revised 1/6/15