Patient HIPAA Release Form

The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept confidential.

A copy of this policy is available to you at your request and on our website.

The Doctors and Staff of **Advanced Eyecare** may release information on my health to the following Individuals:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Patient Name:	Signature:	Date: