Release of Medical Information

(HIPAA CFR (Code of Federal Regulations) 45 C, D, E ; Medical Records Access Act; Act 47 of 2004)

In accordance with the HIPAA regulations, release of medical information shall only be issued to designated person(s) (spouse or legal guardian, power of attorney or subpoena) with proper identification.

Information regarding Patient _____

to be released in accordance with the above to:

_____

(Printed name of person requesting information)

Relationship to Patient: _____.

Proper identification and/or documents have been received and attached to verify the requirements of the HIPAA Act.

Signature of Patient: _____

Date:_____

Witness: _____

The City of Riverview shall not be responsible for false information or documents provided for the release of medical information.

_____

OFFICE USE ONLY:
FD Run/Record Number _____