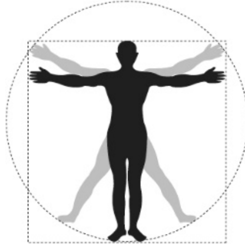

Allied Healthcare
ASSOCIATES

AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS AND FAMILY MEMBERS

In accordance with Federal Government privacy rules implemented through the Healthcare Policy Act of 1996 (HIPAA), in order for your healthcare provider or staff of Allied Healthcare Associates to discuss your condition with members of your family or 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 authorization due to severity of your medical condition, the law stipulates that these rules be waived.

______ **I DO NOT** authorize Allied Healthcare Associates to release any or all medical information concerning my medical care to any individual.

______ **I AUTHORIZE** Allied Healthcare Associates to verbally release any or all information concerning my medical care to the following individuals.

______________________________	______________________________
Name	**Relationship to Patient**
______________________________	______________________________
Name	**Relationship to Patient**
______________________________	______________________________
Patient Signature	**Today's Date**