



HIPAA EXCEPTIONS LIST

HIPAA regulations prevent us from releasing any personal healthcare information about you to any other source and for any other reasons than continuity of care with another physician or for determining payment by your insurance company. Your specific consent is required to release information to any other person or entity.

If you wish for a family member, physician or clinic other than that which referred you here, or anyone else, to obtain information regarding your treatment at our facility, please put their name and identifying information below.

I authorize release of my patient **billing account information** to _____

Relationship to patient _____

I authorize release of my **appointment information** to _____

Relationship to patient _____

PATIENT SIGNATURE

DATE