



healthy  
results

Mind • Body

## AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS OR FAMILY MEMBERS

In accordance with federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPPA), in order for your physician or staff of the practice to discuss your condition or finances 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 the practice to release any or all information concerning my medical care or finances to any individual except as set forth above.

\_\_\_\_\_ I AUTHORIZE the practice to verbally release any or all information concerning my medical care or finances to the following individuals.

\_\_\_\_\_ I AUTHORIZE the practice to leave a message on my voice mail regarding medical results, appointments, or other related business matters.

_____	_____
NAME	RELATIONSHIP TO PATIENT
_____	
NAME	RELATIONSHIP TO PATIENT
_____	
NAME	RELATIONSHIP TO PATIENT
_____	
NAME	RELATIONSHIP TO PATIENT
_____	
PATIENT SIGNATURE	DATE

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