

Authorization to Release Information to Family Members

Many of our patients allow family members such as their spouse, significant other, parents or children to call and request the result of tests, procedures and financial information. Under the requirements for H.I.P.P.A. we are not allowed to give this information to anyone without the patient's consent. If you wish to have your medical information, any diagnostic test results and/or financial information released to any family members you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent. This will be effective from 01/01/2015 to 12/31/2015 unless we are notified in written to revoke consent.

I authorize Sobel Spine & Sports to release my records and any information to the following individuals.

Please put a check by what information you would like them to have access to:

1. _____ **Relation to Patient:** _____
__ Billing __ Scheduling __ Labs/X-rays __ All Records

2. _____ **Relation to Patient:** _____
__ Billing __ Scheduling __ Labs/X-rays __ All Records

3. _____ **Relation to Patient:** _____
__ Billing __ Scheduling __ Labs/X-rays __ All Records

Please do not release any information

Patient Name (PLEASE PRINT)

Date

Patient Signature