

HYPERTENSION & KIDNEY CONSULTANTS OF GA
CLARA W. TRUESEL, M.D.
MALORIE B. HOLMES, M.D.

Medical Information Release Form

(HIPPA Release Form)

Name: _____ D.O.B. ____/____/____

Release of Information

☐ I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

☐ Spouse _____

☐ Child(ren) _____

☐ Other _____

☐ Information is **NOT** to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

Messages

Please call ☐ my home ☐ my work ☐ mobile

If unable to reach me:

☐ you may leave a detailed message

☐ please leave a message asking me to return your call

☐ _____

The best time to reach me is (day) _____ between (time) _____.

Signed: _____

Date: ____/____/____

Witness: _____

Date: ____/____/____