

**HIPAA PRIVACY
AUTHORIZATION FOR RELEASE OF INFORMATION**

YOUR INFORMATION		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:	SOCIAL SECURITY NUMBER:	DATE OF BIRTH:

Person/Organization Providing the Information <i>45 C.F.R. § 164.508(c)(ii)</i>	Person/Organization to Receive the Information <i>45 C.F.R. § 164.508(c)(iii)</i>

Description of the Information to be Released (Provide a detailed description of the specific information to be released) <i>45 C.F.R. § 164.508(c)(i)</i>
<p>I authorize the release, disclosure and redisclosure of:</p> <ol style="list-style-type: none"> 1. All medical records, bills, information and/or opinions, without limitation, including all registration sheets, discharge summaries, ER records, H&P, consults, progress notes, discharge instructions, lab results, radiology results, EKG/ cardiology testing results, operative reports, implant information, pathology reports, medication lists, imaging studies, behavioral health information, substance abuse information, human immunodeficiency virus (HIV) information, all information relating to personal and sensitive documents, all information including concerning all medical, psychological, psychiatric conditions, treatment tests, diagnosis and/or opinions, drug tests, screenings and/or results and diseases of any nature. 2. All financial information including all financial records, bills, w-2's, 1099's, tax records, tax returns, tax reports and/or tax schedules. 3. All insurance information, including the release and disclosure of all health insurance information and policies, automobile insurance information and policies, homeowner's insurance information and policies, including all policy endorsements, declaration sheets, applications, waivers, elections, underwriting file, claims file, statements, photographs, medical files, medical payment schedules and investigations. 4. All information from all entities which may have potential liens with regard to the subject litigation, including all information and files relating to welfare, medicare, medicaid, public assistance, workers compensation and/or self funded employee welfare benefit plans to which I belong within the meaning of ERISA, 29 U.S.C. §1001, et seq., including the disclosure of all relevant portions documenting the ERISA plan, evidence that the ERISA plan is fully self funded and all information relating to any and all subrogation liens.

