



## RELEASE OF PATIENT RECORDS AUTHORIZATION

I hereby authorize \_\_\_\_\_ to release a copy of my patient files, including electronic records and NOAH patient database, if applicable, to \_\_\_\_\_. This authorization is given pursuant with HIPAA Patient Privacy Practice.

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_