

# Calvary Medical Clinic

*"Where Your Healing Begins"*

## HIPAA Release Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Release of Information

#### Medical Records:

I authorize the release of information including diagnosis, records; examination rendered to me. This information may be released to (please list name(s)):

Spouse \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) of Child \_\_\_\_\_ Phone: \_\_\_\_\_

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Information is not be released to anyone.

#### Billing Records:

I authorize the release of billing and claim information. This information may be released to (please list name(s)):

Spouse \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) of Child \_\_\_\_\_ Phone: \_\_\_\_\_

Other \_\_\_\_\_ Phone: \_\_\_\_\_

Information is not be released to anyone.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cleveland Clinics  
108 S. William Barnett Ave  
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281-592-9775  
Fax: 281-432-0548

Livingston Clinic  
309 Hwy. 59 S. Loop  
Livingston, TX 77351  
936-327-1055  
Fax: 936-329-8800

Humble Clinic  
8484 Will Clayton Pkwy  
Humble, TX 77338  
832-995-5200  
Fax: 281-995-5201