AUSTIN PRIMARY CARE PHYSICIANS

Authorization to Release Medical Information to Individuals/Family Members

In accordance with federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPAA), in order for your physician or staff of the Practice to discuss your condition or finances with members of your family or other individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

_____ I do not authorize the Practice to release any or all information concerning my medical care or finances to any individual except as set forth above.

_____ I authorize the Practice to verbally release any or all information concerning my medical care or finances to the following individuals:

X_____ _____

Name *Relationship to Patient*

X_____ _____

Patient Signature *Date*

NORTH AUSTIN
2200 Park Bend, Dr. Bldg. 2, Ste. 300
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(512) 997-9092

CEDAR PARK
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Cedar Park, TX 78613
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