



Patient HIPAA Release Form

Patient Name: _____

Date of Birth: _____ Phone: _____

The Health Insurance Portability & Accountability Act of 1966 (HIPPA) is a federal program that requires all Medical Records and other individually identifiable health information used or discloses by us in any form, whether electronically, on paper or verbally be kept confidential.

The Providers & Staff at Metropolitan OBGYN, PA may release information on my on my health to the following individuals:

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Signature of Patient

Today's Date