

HIPAA Compliant Consent to Release Information Form

This **HIPAA compliant consent to release information form sample** ensures secure and authorized sharing of protected health information. It provides patients with control over who can access their medical records, safeguarding privacy and meeting regulatory requirements. Use this template to streamline the consent process in healthcare settings.

Patient Name:

Date of Birth:

Recipient Name/Organization:

Recipient Address:

Type of Information to be Released: e.g., medical records, lab results, billing information

Purpose of Release: e.g., continued care, legal, insurance

Expiration Date or Event: MM/DD/YYYY or specific event

Right to Revoke: I understand that I may revoke this authorization at any time by providing written notice.

HIPAA Disclaimer: I understand that information disclosed per this authorization may be subject to re-disclosure by the recipient and is no longer protected by HIPAA.

Patient Signature:

Date Signed: