

# Medical Authorization Form Sample for Third-Party Release

A **medical authorization form** sample for third-party release allows patients to grant permission for their health information to be shared with designated individuals or organizations. This form ensures compliance with privacy laws while facilitating communication between healthcare providers and authorized parties. Utilizing a clear and concise template helps streamline the authorization process effectively.

## Patient Information

**Full Name:**

**Date of Birth:**

**Address:**

## Authorized Third-Party Information

**Name or Organization:**

**Relationship to Patient:**

**Contact Information:**

## Medical Information to Be Released

**Description of Information to Be Released:**

**Purpose of Release:**

## Authorization Details

**Authorization Effective From:**

**Authorization Expires On:**

- ☐ I understand that I have the right to revoke this authorization in writing at any time.
- ☐ I understand that information disclosed may be subject to re-disclosure by the recipient.

**Patient Signature:**

**Date:**

*This sample form is for informational purposes only and should be reviewed by legal counsel to ensure compliance with federal and state privacy regulations.*