Department of Medicine
Division of Gastroenterology and Hepatology
UNC Liver Program

Medical Information Release Form (HIPAA Release Form)

Name: _____ Date of Birth:____/__/___ MR#_____

Release of Information

I authorize the release of information including the diagnosis, records, examination results, medication dose changes, and claims information.
This information may be released to:

[ ] Spouse_____

[ ] Child(ren)_____

[ ] Other_____

[ ] Information is not to be released to anyone other than me.

Messages

Please call [ ] my home ph#_____ [ ] my cell ph#_____

If unable to reach me:

[ ] you may leave a detailed message

OR

[ ] please leave a message asking me to return your call

[ ] Do not leave messages on my phone mailbox.

The best time to reach me is (day of week)_____ between (time)_____

E-mail Messages

[ ] Use my e-mail address to send messages for me to contact the nurse for information

OR

[ ] Use my e-mail to leave detailed messages and information.

[ ] Attach lab results to the e-mail message.

My e-mail address is _____

This Release of Information will remain in effect until terminated by me in writing.
This release ***specifically excludes*** any psychiatry and psychology evaluations/records which are further restricted by HIPAA regulations.

Patient: _____ Date: ____/____/_____

Witness:_____ Date: ___/____/_____