

Patient HIPAA Release Form

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

A copy of this policy is available to you at your request and on our website.

The Doctors and Staff of Bryant Vision Clinic may release information on my health to the following individuals:

Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____

Patient Name

Signature

Date
