



HIPAA Release for any Medical Information

In accordance with HIPAA standards, we don't release any of your personal information without your consent. If you wish for us to be able to talk with anyone except your doctor's office or other medical professionals, please specify the names and phone numbers of who we may speak with below.

If you have a designated Medical Power of Attorney, please release a copy of that document to us.

If you do not list anyone below, we will not release information to anyone, (including family members), other than other medical professionals who seek information to treat you.

I, _____, grant Hopkins Center Drug consent to release my medical information to:

Name:

Phone Number:

Patient Signature

Date