

Clinic by the Sea

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Phone: (302) 231-2089 Fax: (302) 947-0200

Medical Information Release Form (HIPAA Release Form)

Date: _____

Patient Name: _____ Date of Birth: _____

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. The information may be released to:

- Spouse _____ Phone # _____
- Child(ren) _____ Phone # _____
_____ Phone # _____
- Other _____ Phone # _____

Signed: _____ Date: _____

Witness: _____ Date: _____