HIPAA Release Form

Dr. Jane Schmidt, MD
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Patient Information:

Patient's Full Name: Daniel Sanders-Lee

Patient's Date of Birth: March 28, 1991

Patient's Address: 47 Charming Avenua

City: Phoeniz **State:** AZ **ZIP:** 85006

Patient's Phone Number: _____

Patient's Email Address: (602) 126 - 5477

I, Daniel Sanders-Lee hereby authorize the release of my protected health information (PHI) as described below:

1. **Purpose of Release:**
   The purpose of this release is to allow coordination of care between healthcare providers for my ongoing treatment.

2. **Information to be Released:**
   I authorize the release of my complete medical records, including diagnoses, treatment history, laboratory test results, radiology reports, and medication information.

3. Recipient of Information:
   Brandon Sanders, MD
   Open Medical Group, 16 Court St Phoenix, AZ

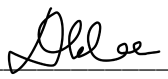
4. **Duration of Authorization**:
   This authorization is valid for one year from the date of signing, starting from May 23, 2023, until May 23, 2024.

5. **Revoke Authorization:** I understand that I have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance on this authorization. To revoke this authorization, I must provide a written request to the releasing party.

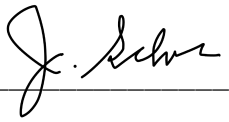
6. **Potential Risks:** I acknowledge that the released information may be subject to redisclosure by the recipient and may no longer be protected by federal or state privacy laws.

7. **Rights:** I understand that I have the right to refuse the release of my protected health information. I also understand that the refusal to sign this authorization will not affect my ability to obtain treatment, payment, or eligibility for benefits.

8. **Signature:** By signing below, I acknowledge that I have read and understood the contents of this authorization form. I authorize the release of my protected health information as described above.

Patient's Signature: 

Date: May 23, 2023

Healthcare provider's Signature: 

Date: May 23, 2023

Witness (if applicable):

Witness's Name: Karina Lee

Witness's Signature: 

Date: May 23, 2023