HIPAA Release Form

Full name: Luke Jenkins

Date of birth: January 15, 1985 **Gender:** Male

Address: 123 Main Street, Springfield, IL 62704

Contact information: (555) 123-4567; luke.jenkins@email.com

I, Luke Jenkins **, hereby authorize the release of my protected health information (PHI) as described below:**

1. **Purpose of release**

   For consultation with specialists regarding my ongoing treatment for chronic back pain and to facilitate coordination between healthcare providers.

2. **Information to be released**

   Medical records including diagnostic imaging, treatment notes, medication history, and consultation reports from the past 12 months.

3. **Recipient(s) of information**

   Dr. Jane Smith, Orthopedic Specialist at Springfield Medical Center.
   Dr. Alan White, Physical Therapy Clinic, Springfield.
   Springfield Medical Insurance Group.

4. **Duration of authorization:** This authorization is valid for one year from the date of signature.

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.

Luke Jenkins	October 16, 2024
Patient's signature	**Date**
Dr. Mark Allen	October 16, 2024
Healthcare provider's signature	**Date**
Sarah Johnson	October 16, 2024
Witness' name and signature (if applicable)	**Date**