

# HIPAA Release Form

This Form is used to obtain acknowledgment of receipt of Privacy Practices or to document good faith effort to obtain that acknowledgment.

I, \_\_\_\_\_, have received a copy of this office's Notice of Privacy Practices.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## Authorization to Release Information

This Form is used to obtain authorization to release information regarding yourself covered under the Privacy Act to people other than yourself.

I, \_\_\_\_\_, authorize the following person(s) to have access to information covered under the Privacy Practice regarding myself.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Relationship)

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### Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because

- Individual refused to sign
- Communication barriers prohibited obtaining acknowledgement
- An Emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_