

# Southern Indiana OB/GYN

## Health Information Release Form

Due to HIPAA laws, our office is unable to release information to anyone other than the patient and/or parent and legal guardian without your written permission.

If you would like to have someone other than yourself be able to receive information regarding your present medical condition, please list their name(s) and relationship to you below:

Please release information to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Patient Signature: \_\_\_\_\_