Metro Comprehensive Medical Center

Authorization to Release Medical Information to Family Members or Other Individuals

In accordance with Federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1966 (HIPAA), in order for your physician or staff of Metro Comprehensive Medical Center to discuss your condition with members of your family or individuals that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to severity of your medical condition, the law stipulates that these rules may be waived.

1. _____ **I authorize** Metro Comprehensive Medical Center to verbally release any or all information concerning my medical care to the following individuals:

Name (PLEASE PRINT)	Relationship	Telephone Number
Name (PLEASE PRINT)	Relationship	Telephone Number

_____ **I do not authorize** Metro Comprehensive Medical Center to release any information concerning my care to any individual.

2. Voicemail

_____ **I authorize** Metro Comprehensive Medical Center to leave a detailed voicemail on any phone number I provide.

_____ **I do not authorize** Metro Comprehensive Medical Center to leave a detailed voicemail.

PRINT Patient Name	PRINT Name of Authorized Representative

Patient or Authorized Representative Signature	Relationship	Date

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