

# HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

## Section I

I, \_\_\_\_\_, give my permission for

\_\_\_\_\_ to share the information listed in Section II of this document with the person(s) or organization(s) I have specified in Section IV of this document.

## Section II – Health Information

I would like to give the above healthcare organization permission to:

- Disclose my complete lab test results, test report, lab comments, patient symptoms, patient therapy, and billing records

Form of Disclosure:

- Electronic copy or access via a web-based portal

- Hard copy

## Section III – Reason for Disclosure

Please detail the reasons why information is being shared. If you are initiating the request for sharing information and do not wish to list the reasons for sharing, write 'at my request'.

\_\_\_\_\_

\_\_\_\_\_

## Section IV – Who Can Receive My Health Information

I give authorization for the health information detailed in section II of this document to be shared with the following individual(s) or organization(s)

Name: CONRAD LARKIN  
Organization: Health Balance Coach  
Address: 422 Larkfield Center #255, Santa Rosa, CA 95403  
Fax: 1-707-312-5659

I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

## Section VI – Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name of person completing this form: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Describe how this person has legal authority to sign this form: \_\_\_\_\_