

Release of Information

In accordance with the HIPAA regulations, release of medical information shall only be issued to the appropriate person with proper identification, power of attorney or subpoena.

Information on run # _____ to be released in accordance

with the above to: _____
(Printed name)

Proper identification and or documents have been received and attached to verify the requirements of the HIPAA Act.

Signature of authorized person to whom information is to be released:

_____ Date: _____

Witness: _____

The City of Riverview shall not be responsible for false information or documents provided for the release of medical information.