



**Brazos Valley Urgent Care  
Medical Information Release Form (HIPAA)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release of Information**

I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

- Parent(s)  
Name(s): \_\_\_\_\_
- Spouse  
Name: \_\_\_\_\_
- Child(ren)  
Name(s): \_\_\_\_\_
- Other  
Name(s): \_\_\_\_\_

Information is NOT to be released to anyone.

This **Release of Information** will remain in effect until terminated by me in writing.

**Messages**

Please call  my home  my work  my cell number: (\_\_\_\_\_)\_\_\_\_\_

If unable to reach me:

- You may leave a detailed message.
- Please, leave a message asking me to return your call.
- \_\_\_\_\_

The best time to reach me is (*day*) \_\_\_\_\_ between (*time*) \_\_\_\_\_.

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

Witness (Staff use only): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_