



HIPAA
Notice of Privacy Practices

AUTHORIZATION TO RELEASE MEDICAL INFORMATION (VERBAL AND COPIES) TO MEMBER OF YOUR FAMILY OR OTHER INDIVIDUALS

In accordance with federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996, in order for your physician or the staff of Tyler Urgent Care to give copies and/or discuss your conditions/ exams/ procedures/ x-rays with members of your family or other 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 the severity of your medical condition, law stipulates these rules may be waived.

I authorize Tyler Urgent Care to CONTACT or leave a message:

(Please answer all 4 questions below either yes or no )

(Circle) YES or NO ..on my HOME answering machine.

(Circle) YES or NO ..on my voice mail or cell phone.

(Circle) YES or NO ..via email.

(Circle) YES or NO ..concerning my care, with my primary care physician or specialist.

^^ Patient Signature / or Guarantor

Date

(OTHER THAN PARENTS/guardian of minor)

I authorize Tyler Urgent Care to release any information concerning my care to the person/s below:

Authorized Name (please print)

Relationship

Phone

Authorized Name (please print)

Relationship

Phone

Authorized Name (please print)

Relationship

Phone