



Phone: 480-284-8155
Fax: 866-823-2115
Azimsolutions.com
4657 S. Lakeshore Drive Suite 1
Tempe, AZ 85282

Medical Information Release (HIPAA Release) Form

Name: _____ Date Of Birth: _____

Release Of Information

I authorize the release of information included in the chart notes containing diagnosis, treatment, labs/imaging, examination(s) rendered to me and financial information. This information may be released to:

Spouse: _____

Child(ren): _____

Other(s): _____

I authorize the release of information stated above EXCEPT for marked section(s): diagnosis, treatment, labs/imaging, financial information.

None of my medical information is to be released to anyone

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

Office Messages:

Please call My home My work My cell phone

This is the best phone number: _____

If unable to reach me:

You may leave a detailed message on the above phone

Please leave a brief message asking me to return your call

The best time to reach me is (day of week) _____ between (time) _____

Signed: _____ Date: _____