



650 West Lincoln Trail Boulevard
Radcliff, KY 40160
Phone (270) 352-4601
Fax (270) 352-4600
www.radcliffurgentcare.com

HIPAA/ Medical Information Release form

Patient Name: _____

Date of Birth: _____

Release of Information

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

- Spouse Name: _____ PH #: _____
- Child(ren) Name: _____ PH #: _____
- Parents Name: _____ PH #: _____
- Primary Care Name: _____ PH #: _____
- Other Name: _____ PH #: _____

Information is not to be released to anyone

This information will remain in effect until terminated by me in writing.

Messages

If I am unable to be reached by phone, a detailed message may be left on:

- Home Phone Work Phone Cell Phone Do NOT leave messages

Signature: _____ Date: _____