**Homefield Health**
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# *Authorization for Release of Medical Information For Family Members*

Name of Patient: ______________________________________________ Date of Birth: _______________

Many patients allow family members to access their medical records and billing information. Under HIPAA guidelines, we are not allowed to give any patient information out without their consent. If you wish to give consent to a family member to have access to your medical and billing information a release of information for family members must be filled out. By filling out this form, the family members listed below have access to the patient's records until the patient states otherwise.

**I as the patient / guardian authorize the family members below to have access to the medical and billing information for the patient listed above.**

1. **_______________________________________ Relationship to Patient: _____________________**
2. **_______________________________________ Relationship to Patient: _____________________**
3. **_______________________________________ Relationship to Patient: _____________________**
4. **_______________________________________ Relationship to Patient: _____________________**
5. **_______________________________________ Relationship to Patient: _____________________**

I as the patient / guardian understand I have the right to revoke this authorization at any time and that I have the right to inspect or copy the protected health information to be disclosed. I understand that the information disclosed to any of the above recipients is no longer protected by federal or state law. If the decision to revoke anyone from the above list has been made, I as the patient / guardian must do this in writing.

*A photocopy of this authorization will be treated in the same manner as the original.*

______________________________________________________________ ______________________
*Signature of Patient/Guardian/Representative* *Date*

______________________________________________________________
*PRINT Name of Patient/Guardian/Representative*

______________________________________________________________
(If not patient, state authority/relationship)

Revised on 06/30/20 Caitryn, RN