



Albemarle Orthotics & Prosthetics, Inc.

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Patient HIPAA Contact Release Form

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information.

To help us stay within the guidelines of HIPAA, please list below any person/persons that you authorize us to disclose information to regarding your Protected Health Information, including billing information.

Name: _____ Relation: _____ Contact: _____

Name: _____ Relation: _____ Contact: _____

Name: _____ Relation: _____ Contact: _____

Name: _____ Relation: _____ Contact: _____

Name: _____ Relation: _____ Contact: _____

Do we have permission to leave information on your answering machine/voicemail when you are not home? Yes: _____ No: _____

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purposes listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.

Patient Name

Date of Birth

Patient (or Guardian's) Signature

Date

Office Representative

Date