

RELEASE FOR MEDICAL INFORMATION

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996 (a federal law). Of significant concern to healthcare organizations is the Administrative Simplification section of the Act which requires healthcare organizations to comply with specific rules regarding:

- Unique identifiers for health plans, providers, individuals, employers;
- Healthcare transactions and code sets for transmitting data electronically;
- Privacy regulations over disclosure and use of the health information;
- Security regulations over protections of electronic health information;

It is the policy of _____ not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voice mail, cell phone and/or pager. Whenever returning telephone calls and the answering machine picks up, we do not leave a message if the name or telephone number is not on the recorded message to identify the residence. Information will not be left with an unauthorized person who may answer the telephone.

I authorize _____ to receive and/or release medical information pertaining to my care by the following methods and will assume responsibility to notify them whenever this information changes:

Home Telephone	_____Yes	_____No
Answering Machine	_____Yes	_____No
Work Telephone	_____Yes	_____No
Voice Mail	_____Yes	_____No
Cell Phone/Pager	_____Yes	_____No

I authorize the release of medical records to _____ in order to create and maintain health records and other information describing among other things, my health history, symptoms, examination and test results, diagnoses, treatment and any plans for future care or treatment. _____Yes_____No

Resident's Signature _____ Date _____

Responsible Party Signature _____

Title & Relationship _____

RELEASE FOR EMERGENCY MEDICAL CARE

I hereby give the manager or nurse on call for _____ permission to act on my behalf to arrange for transportation, admit, and authorize procedures at a hospital for the resident during an emergency when I am unable to do so myself. I accept responsibility and liability for all charges and/or fees incurred during an emergency, and release _____ from responsibility and liability for any actions taken during my absence.

Resident's Signature _____ Date _____

Responsible Party Signature _____

Title & Relationship _____