

The Huntington Group, P.C.  
Oral and Maxillofacial Surgery  
26111 Woodward Avenue  
Huntington Woods, MI 48070

Medical Information Release Form

(HIPPA Release Form)

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

**Release of Information**

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

Spouse \_\_\_\_\_

Child(ren) \_\_\_\_\_

Other \_\_\_\_\_

Information is not to be release to anyone.

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

**Messages**

Please call  my home  my work  my cell number: \_\_\_\_\_

If unable to reach me:

you may leave a detailed message

please leave a message asking me to return your call

\_\_\_\_\_

The best time to reach me is (day) \_\_\_\_\_ between (time) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_