



**STEEPLEGATE EYE CARE**  
We Clarify your world

**Patient HIPAA Release Form**

The Health Insurance Portability & Accountability Act of 1966 (HIPAA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally be kept confidential.

A copy of this policy is available to you at your request.

**The Doctor's and Staff of Steeplegate Eye Care may release information on my health to the following individuals:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_