



HIPAA Authorization Form

Naperville Family Clinic has taken measures to protect all of our patients' private medical information. We will not release any information to anyone unless you have provided the requested information below. These would be people other than what is covered in our Notice of Privacy Practices.

HIPAA (Health Insurance Privacy & Accountability Act) does allow us to release information to outside entities on your behalf Example: Another medical office when making you an appointment, your insurance company when trying to get your claims paid, your pharmacy or hospital.

Please see the receptionist with any questions prior to signing this authorization form.

I, _____ am authorizing the person/people listed below to obtain medical information about myself. I understand that Naperville Family Clinic is not responsible for the information provided as long as it is given to a person that I have listed below.

Date of Birth must be provided so that our office can verify that we are speaking to the correct person.

Name: _____ Relationship _____
Date of Birth: _____

Name: _____ Relationship _____
Date of Birth: _____

Patient's Signature: _____ Date: _____

I, _____ do not authorize Naperville Family Clinic to release any of my protected medical information to anyone other than the entities that are discussed in the Notice of Privacy Practices.

Patient's Signature: _____ Date: _____