NATOMAS
FAMILY PRACTICE INC.
2410 Del Paso Rd. Sacramento, CA 95834
Office: (916)928-0856 Fax:(916)928-1584

HIPAA FORM

(People we can speak to other than yourself)

PATIENT NAME: _____ **Date of Birth:** _____

We may release Information to:

☐ Name/ Relationship to Patient:

☐ Do not release my information to anyone

THIS RELEASE OF INFORMATION WILL REMAIN IN EFFECT FOR ONE YEAR OR UNTIL TERMINATED BY ME IN WRITING.

Please select one if unable to reach you:

☐ May leave a Detailed Message including Health Information

☐ Please leave message asking me to return the Call

SIGNATURE: _____ **DATE:** _____