grand river Health
exceptional healthcare locally

HIPPA Form - English

_____ _____
Today's Date Patient's Date of Birth

_____ _____ _____
Patient First Name Patient Last Name MI

If you are filling this form out for someone other than yourself, please provide your information below:

_____ _____ _____
First Name Last Name Relationship to patient

Emergency Contact

_____ _____ _____
First Name Last Name MI

_____ _____
Primary Phone Relationship to Patient

Allow verbal disclosure of patient's healthcare information to this contact:

Appointments: ☐ YES ☐ NO
Clinical: ☐ YES ☐ NO
Financial: ☐ YES ☐ NO

Allow written/ printed disclosure of patient healthcare information for one specific date of service (test results, immunization records and or office visit notes)? This does not include release of a complete copy of the medical record. ☐ YES ☐ NO

Secondary Contact

_____ _____ _____
First Name Last Name MI

_____ _____
Primary Phone Relationship to Patient

Allow verbal disclosure of patient's healthcare information to this contact:

Appointments: ☐ YES ☐ NO
Clinical: ☐ YES ☐ NO
Financial: ☐ YES ☐ NO

Allow written/ printed disclosure of patient healthcare information for one specific date of service (test results, immunization records and or office visit notes)? This does not include release of a complete copy of the medical record. ☐ YES ☐ NO

_____
Signature

Request by Patient for Access to Their Protected Health Information

All patients will have the ability to review, inspect and/or obtain a copy of their Protected Health Information in their Medical Health Record. You will be required to present identification at time of request. This authorization includes test results (lab, diagnostic images, and pathology), immunization records and/or office visit notes for one specific clinic date of service. If you would like a copy of your hospital records or your entire medical record, you will be asked to complete a medical records release form.

Disclaimer:

The information provided in this document does not constitute, and is no substitute for legal or other professional advice. Users should consult their own legal or other professional advisors for individualized guidance regarding the application of the law to their particular situations, and in connection with other compliance related concerns.