



RELEASE OF HEALTH INFORMATION

Name: _____ DOB: _____ Date: _____

HIPAA Policy

Patient over the age of 18 are protected under the Federal Health Insurance Portability and Accountability Act. This Federal Law prohibits any staff member of SOMA Skin & Laser from discussing appointments, medications, test results or treatment plans with anyone other than the patient. Often, this causes difficulty for some patients who would like family members or caretakers to obtain information for them. If you would like to permit someone to discuss your medical condition, confirm appointments or obtain results for you, please indicate their name(s) below. Only these individuals will be provided with information. Should you wish to update the names provided below, please ask the receptionist for a HIPAA Form.

Name of Individual (please print)	Relationship to Patient

Signature of Patient/Parent/Guardian: _____ Date: _____