HIPAA AUTHORIZATION

hereby authorize:	I hereby authorize:
Access to the following on my behalf: O Medical Information Financial Information Insurance Information Medical Requests/Pick - ups	access to the following on my behalf: Medical Information Financial Information Insurance Information Medical Requests/Pick - ups
Patient Initials: ————————————————————————————————————	Patient Initials: Date :
l hereby authorize:	I hereby authorize:
access to the following on my behalf: Medical Information Financial Information Insurance Information Medical Requests/Pick - ups	access to the following on my behalf: Medical Information Financial Information Insurance Information Medical Requests/Pick - ups
Patient Initials: Date:	Patient Initials: Date:
I hereby authorize:	I hereby authorize:
access to the following on my behalf: Medical Information Financial Information Insurance Information Medical Requests/Pick-ups Patient Initials:	access to the following on my behalf:
Date:	Date: