

PRACTICE FORM EXAMPLE

Release of information

An illustrative outline of the elements a HIPAA-aware authorization to release protected health information commonly includes. Not a substitute for a form reviewed for your jurisdiction.

Educational example only. This is not legal, medical, or compliance advice, and it is not a ready-to-use legal document. Requirements vary by state, payer, and setting. Adapt anything like this to your own situation and have it reviewed by qualified legal and compliance counsel licensed in your jurisdiction before using it in a practice. You are responsible for compliance with all applicable federal and state laws, including HIPAA. shrinkiatry publishes professional commentary and education, not legal or medical advice.

Extra caution: Authorizations for substance use disorder records and certain other sensitive records carry additional federal and state requirements. Confirm which rules apply before you rely on any single form.

Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Who is authorizing

Patient name, date of birth

Signature and date, or authorized representative and relationship

Who may disclose and who may receive

Disclosing party (your practice)

Receiving party name and contact

What may be shared

- Specific records or categories to release
- Special protections a patient may want to address separately, such as substance use treatment records (often covered by 42 CFR Part 2), HIV status, and psychotherapy notes

Purpose and scope

The purpose of the disclosure, stated plainly, and any limits the patient wants to place on it.

Expiration, revocation, and rights

- An expiration date or event
- A statement that the patient may revoke in writing, and how
- A note that treatment cannot be conditioned on signing, with narrow exceptions
- A note that information disclosed may be re-disclosed by the recipient and may no longer be protected

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