

**HIPAA Friends & Family Form**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Release of Information**

- Information is not to be released to anyone.
- I authorize the release of information including the diagnosis, records; examination rendered to me and claims information.

Please list below any person your information may be released to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

This Release of Information will remain in effect for the duration of my current condition and in the future for information related to my condition.

**Messages**

The best number to reach me is: \_\_\_\_\_

- You may leave a detailed message.
- Please leave a message asking me to return your call.
- Do not leave a message.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**We will be happy to provide you a copy of our Notice of Privacy Practices upon request.**

*Lakeshore Bone & Joint Institute complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

**Chesterton | Crown Point | Knox | LaPorte | Michigan City – Coolspring | Michigan City – Woodland  
Munster | Portage | Schererville | Valparaiso – Cumberland | Valparaiso – Valley**