

WeCare Family Medicine
Dr. Hamid Ehsani. M.D.
Authorization To Release Medical Records
(Verbal and Copies) To Members of Your Family or Other Individuals

In accordance with the federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996, in order for your physician or the staff of **WeCare Family Medicine, LLC** to give copies of and/or discuss your conditions/exams/procedures/X-rays with members of your family or other individuals that you designate other than your primary care doctor or specialist, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules be waived.

I **Authorize**, WeCare Family Medicine, LLC to release any and all information (including verbal information, copies of X-rays and medical papers) concerning my medical care to the following individuals.

Name (please print)	Relationship to You	Phone Number

____ I **Do Not** authorize WeCare Family Medicine. LLC to release any information concerning my care to any individual.

_____ I **Authorize** WeCare Family Medicine. LLC to leave messages and/ or confirm appointments on my home/mobile answering machine.

_____ I **Do Not** authorize WeCare Family Medicine. LLC to leave messages and/or confirm appointments on my home/mobile answering.

Signature	Date

Authorization To Discuss Financial Information - In accordance with the federal government privacy rules implemented through the Health Insurance Portability and Accountability Act of 1996, we must obtain your authorization to discuss financial information with members of your family or other individuals that you designate other insurance companies or third party prayers and their agents.

I Authorize **WeCare Family Medicin,LLC** to verbally discuss my financial information.

Signature	Date