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Lee A. Kleiman, M.D., F.A.C.S.

### **Patient HIPPA Release Form**

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) is a federal program that requires all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally be kept confidential. A copy of this policy is available to you at your request.

Severn River ENT Plastic and Laser Surgery may use your Protected Health Information (PHI) for purposed of treatment, payment, or health care operations, including, but not limited to:

- sending information to your Primary Care Physician and/or referring doctor
- planning for your care and treatment
- calling with appointment reminders and/or test results
- submitting a claim to your insurer or health plan

I understand that I have the right to request restrictions as to how my Protected Health Information may be used or disclosed. I understand that Severn River ENT Plastic and Laser Surgery reserves the right to change its Notice and practices and I can request a copy of its current notice.

By signing this form, I consent for Severn River ENT Plastic and Laser Surgery to use and disclose of my Protected Health Information for the purpose of treatment, payment, and/or health care options. I acknowledge that I am aware of the HIPPA Privacy Notice of Severn River ENT Plastic and Laser Surgery and copy of the policy can be available to me upon my request.

I, \_\_\_\_\_, give my permission for my Protected Health Information to be shared with the following individuals. I understand that I may revoke this consent at an time.

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

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Signature of Patient or Legal Representative

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Witness Signature

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Date