



Ng Family Healthcare

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Las Vegas, NV 89113

Phone: 702-847-7744

Fax: 702-847-7745

HIPAA Release form

Name: _____ Date of Birth: ___/___/___

I hereby authorize the use or disclosure of any protected Health information to the following recipient(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Information is not to be released to anyone.

Messages

If Unable to reach me:

You may leave a detailed message

Please leave a message asking me to return your call

Signed: _____ Date: ___/___/___

This Release of Information will remain in effect until termination by me in writing.