

# Patient HIPAA Release Form

## Dr. Derek Long, O.D

The Health Insurance Portability & Accountability Act of 1966 (HIPAA) 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 upon your request.

The offices of Dr. Derek S. Long, O.D and Associates may release information regarding my health to the following individuals:

Name:	Relationship to self:
Name:	Relationship to self:
Name:	Relationship to self:

I acknowledge that I have read and understood Dr. Derek Long O.D's Notice of Privacy Practices:

Patient Name (print) :

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Signature:

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Date:

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