

Hera Ob/Gyn Medical Group, Inc.
1552 Coffee Road, 1st Floor
Modesto, CA 95355
Phone (209)521-4372 Fax (209)523-2005

HIPAA CONSENT FORM
Authorization to release medical information to other individuals

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Patient Social Security Number: _____

I hereby authorize **Hera Ob/Gyn Medical Group, Inc.** to release my Protected Health Information either verbally or in printed form to the following persons:

Name Relationship to patient

Name Relationship to patient

Name Relationship to patient

Name Relationship to patient

This authorization shall remain in effect until: _____

Patient's Signature

Date Signed