KITTO PLASTIC SURGERY
Inzhili Kitto M.D.

Plastic, Aesthetic & Reconstructive Surgery

HIPAA Release Form

Patient Name: _____ DOB:_____

Please do not leave any section blank.

Release of Information

[ ] I authorize the release of information including the diagnosis, records; examination rendered to me and claims information. This information may be released to:

[ ] Spouse_____

[ ] Child(ren)_____

[ ] Other_____

[ ] Information is not to be released to anyone.

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

Messages Please call:

[ ] my home: _____

[ ] my work: _____

[ ] my cell: _____

If unable to reach me:

[ ] you may leave a detailed message

[ ] please leave a message asking me to return your call

The best time to reach me is (please circle all that apply) **Mon Tue Wed Thur Fri** between (time) _____.

Patient Name: _____ Signature: _____

Date: _____