

HIPAA Release Form

Please complete all sections of this HIPPA Release Form. Make sure to sign at the bottom for the form to be valid.

Section 1 Health Information

I, _____, give my permission for Bayshore Veterinary Clinic of L'Anse to share my information along with my pets complete health record including lab work, diagnoses, and treatment and referral information.

Section 2 Duration of Authorization

This authorization for the release of information is valid until either my pet passes away or I opt to revoke this authorization in person or writing.

Section 3 Emergency Contacts for my Pet

I, _____, give my permission to the following individuals listed to authorize care for my pets. They are also able to make financial and end of life decisions on my behalf if I am unavailable.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Section 4 Signature

Signature: _____

Printed Name: _____

Date: _____