

Warhawk Health Services
Medical Information Release Form (HIPAA Release Form)

Name: Portia Bronson Date of Birth: 06/16/1983

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:

Name: Darryl Bronson Phone: (518) 250-8260 Relationship: husband

Name: Imari Gray Phone: (518) 409-9535 Relationship: daughter

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

☐ 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 number: (518) - 250 - 8270

If unable to reach me:

☒ Please send me an email

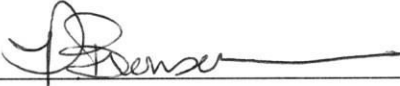
☒ Please leave me a message to return your call

☐ Please leave me a detailed message ☐ Other

The best time to reach me is:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Morning ☐ Early Afternoon ☐ Late Afternoon ☒ Anytime

Signature: 

Date: 02/29/2024