Tamara TCM
ACUPUNCTURE & HERBS

Authorization to Release Personal Health Information

In order to comply with patient privacy regulations, including the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations on patient privacy and confidentiality, 45 C.F.R. Parts 160 and 164, I hereby authorize the use or disclosure of personal health information about me as described below.

1. I authorize the disclosure of my clinical health information by Tamara TCM Wellness Clinic for the duration of my treatment.
2. The Tamara TCM Wellness Clinic may release my health information to the following persons:

Name	Relationship	Home Phone	Cell Phone

I understand that I may revoke this authorization in writing at any time, by sending a written revocation.

Printed Patient Name:_____

X_____ _____

Signature of Patient Date

X_____ _____

Witness Signature Date

Rvsd 3-24-2015