

HIPAA RELEASE FORM

Taconic rt202 24 Hour Veterinary Center
3655 Crompond Road
Cortlandt Manor, NY 10567
Phone (914) 737-2437 Fax: 914-732-2444

Consent for the release of Pet Medical records

Client Name: _____ Partner/Authorized Agent _____

Address: _____

Phone Number(s): _____

Pet Name(s): _____

Release of Information

I authorize Taconic rt202 24 Hour Veterinary Center, to release information including diagnosis, records, labwork and x-rays of my above named pet(s). This information may be released to:

- Primary Veterinarian
- Emergency Veterinarian Hospitals
- Referral Specialists
- Insurance Company
- Other

Information is not to be released to anyone

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

Signature

Date

Witness