

**Empower Rheumatology LLC.**

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**HIPAA Release Form**

Patient Name:    Date of Birth: \_\_\_\_\_

**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.

**Please call:**

my home

my work

my cell number:\_\_\_\_\_

**If unable to reach me:**

you may leave a detailed message

please leave a message asking me to return your call

do not leave a message

**Emergency Contact:**

Name:\_\_\_\_\_

Contact phone number: \_\_\_\_\_

Relationship:\_\_\_\_\_

\_\_\_\_\_  
Patient or legal guardian Signature

\_\_\_\_\_  
Date