Fort Wayne Medical Institute

Allergy, Asthma & Immunology Center - Hassan N. Taki, M.D.
4424 E State Blvd, Fort Wayne, IN 46815 | (260) 483-4433

Release of Patient Records

For Fort Wayne Medical Institute (FWMI) to release any information about your or your child's medical records to any person, we must have on file that person's name, their relationship to you, and their date of birth, along with your signature.

This is in accordance with federal HIPAA regulations concerning your privacy. We are unable to release information without this signed authorization.

I hereby authorize FWMI to release my medical information to the people listed on this form. I may revoke or modify this list at any time, but it must be done in writing.

I, ___ hereby authorize FWMI. _____

Patient Signature: _____ Date: _____

Persons I allow to receive information about my medical records

NAME	RELATIONSHIP	DATE OF BIRTH