



**Great Lakes  
Medical Associates**

1021 E. Main Street  
Edmore, MI 48829  
Phone | 989-427-5320  
Fax | 866-419-3504

---

Prakash Sarvepalli, MD, CMD | Sailaja Sarvepalli, MD | Stephanie Boring, PA-C | Daniel Brennan, PA-C  
Christina Snyder, NP

---

## **Medical Information Release Form (HIPAA Release Form)**

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

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.

### **Messages**

Please call: ☐ my home ☐ my work ☐ my cell Number: \_\_\_\_\_

If unable to reach me:

☐ you may leave a detailed message

☐ leave a message asking me to return your call

The best time to reach me \_\_\_\_\_ (day) between \_\_\_\_\_ (time)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_