

HIPAA Requester Verification Form

This form does not itself authorize release of records. **Requests made by someone other than the patient:**

Attach documentation showing your authority to request the information. If the patient is authorizing the release, attach a valid request or authorization signed by the patient. If you are acting as the patient's legal representative, attach documentation establishing that authority. Renew will verify the documents before releasing information.

Notarization is required only when applicable law or the governing document requires it.

Request and patient details

Date: Patient name:

Patient Date of birth: Other record identifier:

Location of services received:

Requester information

Requester name and organization, if any:

Relationship or role: ☐ Patient ☐ Personal representative ☐ Provider ☐ Health plan ☐ Attorney

☐ Government official ☐ Other:

Callback phone: Email or secure address:

Mailing address, if applicable:

Information requested

Records or information requested, including dates or account numbers:

Purpose of Request:

Destination address, fax, or portal account:

X

Requestor Name

Title