

*Heartland Plastic & Reconstructive Surgery, P.C.*  
*10611 Hickman Road*  
*Des Moines, IA 50322*  
*515-254-2265*

**RELEASE OF INFORMATION**

Effective April 14, 2003, the Health Institute Portability and Accountability Act prohibits disclosure of any health information, except in person, without the written permission by the patient. By signing the release, I hereby give my permission for the staff at Heartland Plastic Surgery to:

\_\_\_\_\_ Call results of lab tests to me at \_\_\_\_\_  
(Phone Number)

\_\_\_\_\_ Leave results on my voice mail or answering machine.

\_\_\_\_\_ Leave results with my spouse or other family member here designated \_\_\_\_\_.

\_\_\_\_\_ Fax results to me if requested.

\_\_\_\_\_ Mail results to me if requested.

\_\_\_\_\_ Leave appointments scheduled with specialists on my voice mail or answering machine.

This release is effective until revoked by me.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness