



NC-F-04B

HIPAA Authorization for Release of Information

Form Number:	NC-F-04B	Effective Date:	March 1, 2026
Version:	1.0	Related Policy:	NC-04 HIPAA Privacy & Confidentiality

HIPAA Authorization for Release of Information

NobleCare Home Health LLC

This form authorizes the release of your protected health information (PHI) as described below. Please read carefully before signing.

Patient Information

Patient Name

Date of Birth

Address

Phone Number

Authorize Release TO

Name

Organization

Address

Fax

Email

Release FROM

NobleCare Home Health LLC Lewis Center, OH 43035 Phone: (740) 262-9845

Information to Be Released

Check all that apply:

- Medical Records
- Billing Records
- Assessment / Evaluation
- Care Plan
- Other: _____

Date Range of Records (From — To)

Purpose of Disclosure

Purpose

Expiration

This authorization expires on:

Date

or upon the following event: _____

If no date or event is specified, this authorization will expire one (1) year from the date of signature.

Your Rights

Right to Revoke: You have the right to revoke this authorization at any time by submitting a written request to NobleCare Home Health. Revocation will not apply to information already released in reliance on this authorization.

Voluntary: Signing this authorization is voluntary. NobleCare Home Health will not condition treatment, payment, enrollment, or eligibility for benefits on your signing this authorization, unless the authorization is for research-related treatment.

Re-Disclosure Warning: Information disclosed under this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal privacy regulations (HIPAA).

Authorization Signature

I authorize NobleCare Home Health LLC to release the information described above to the named recipient for the stated purpose.

Patient / Legal Representative
Signature Printed Name Date

If signed by representative, relationship to patient

Representative's authority (e.g., Power of Attorney, Legal Guardian)