McSHANE & BRADY
ATTORNEYS AT LAW

HIPAA CLIENT QUESTIONNAIRE

Your Name: ____

Date(s) of release: ____

Time of release, if known: ______________________

Name of Facility: ____

Address of Facility: ____

City/State/Zip:____

County: ______________________

Witness to Disclosure:

First Name: ____________________ **Last Name**: ____________________ **Telephone Number:** ______________ **Email:** ____________________	**Address**: ____________________ ____________________ **City**: ____________________ **State**: __________ **Zip**: __________
First Name: ____________________ **Last Name**: ____________________ **Telephone Number:** ______________ **Email:** ____________________	**Address**: ____________________ ____________________ **City**: ____________________ **State**: __________ **Zip**: __________
First Name: ____________________ **Last Name**: ____________________ **Telephone Number:** ______________ **Email:** ____________________	**Address**: ____________________ ____________________ **City**: ____________________ **State**: __________ **Zip**: __________
First Name: ____________________ **Last Name**: ____________________ **Telephone Number:** ______________ **Email:** ____________________	**Address**: ____________________ ____________________ **City**: ____________________ **State**: __________ **Zip**: __________