



LITTLE  
MIRACLES  
SURROGACY



Little Miracles Surrogacy, LLC.  
PO Box 58171  
Pittsburgh, PA 15209

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## **HIPAA RELEASE FORM**

Full Name:	
Date of Birth:	
Phone Number:	
Social Security Number:	
Signature:	Date:

### **Release of Information:**

[  ] I authorize the release of information including the diagnosis, records, examination rendered to me, health information, and claims information. I authorize the doctor/nurse to speak with the parties listed below in regards to appointments, medication, ultrasounds, birth/delivery, my care and the baby's care. This information may be released to:

Little Miracles Surrogacy  
PO Box 58171  
Pittsburgh, PA 15209  
Phone #: 412-699-2172  
Fax #: 724-788-4288  
Email: [info@littlemiraclessurrogacy.com](mailto:info@littlemiraclessurrogacy.com)