AUTHORIZATION FOR RELEASE/ACQUISITION OF PATIENT INFORMATION

The undersigned hereby authorizes _____
Local Health Department
Whose address is_____

To release to/or procure from _____
Facility Name Facility Address
Information from the patient/clinic record of:

_____
Name
_____
Birth date
_____
ID Number

All information may be released, except privileged information which may include: HANDS, STD or HIV/ AIDS, alcohol abuse, drug abuse, psychological or psychiatric conditions, or genetic testing, etc.-unless specifically requested by the patient, parent or legal guardian:

_____
_____
for the purpose of _____
_____

I understand that this authorization will expire on the following date, event or condition:
_____

I understand that if I fail to specify an expiration date or condition, this authorization is valid for the period of time needed to fulfill its purpose for up to one year, except for disclosures for financial transactions, wherein the authorization is valid indefinitely. I also understand that I may revoke this authorization at any time.

I understand that my information may not be protected from re-disclosure by the requester of the information.

I also understand my refusal to sign this authorization will not affect my ability to obtain treatment, payment for services or eligibility for benefits. If a service is requested by a party other than the patient for the purpose of creating health information, refusal to sign this authorization may result in the service request being denied.

I understand I can cancel this authorization and to do so I must send a written request to the Local Health Department Agency specifically authorized above.

I understand I can obtain a copy of my health care data and to do so I must submit a written request to the Local Health Department Agency specifically authorized above.

Signature of Client/Patient, Parent or Legal Guardian **Date**

Relationship (if signature is not patient/client)

Signature of Witness **Date**
(Only required when client/patient, parent or legal guardian signs by mark)