



RELEASE OF HEALTH INFORMATION
Authorization Form

Client Name Last First M.I. Maiden or Other Name
Birth Date Phone
Address City/State ZIP

I hereby authorize District Health Department #10 to

obtain information from OR release my health information to

Name
Address City/State ZIP

Please FAX my information to District Health Department #10 at 231-845-9374

I specifically authorize the Health Information to be released as checked

- STD, HIV (AIDS-related testing), Communicable Disease, MIHP Client Record, Immunization Records, Hearing & Vision Test Records, CSHCS, Adolescent Health Center - Specify

Family Planning/Breast & Cervical Program

- Last pap test result and any abnormal test results, Copy of last complete exam, Copy of breast evaluation, Date of last depo-provera injection, Notes of evaluation for hormonal birth control, Notes of referral evaluation, Colposcopy/biopsy results, Laboratory results, Other

WIC Program

- Height/weight/head circumference, Lead test results, Hemoglobin test results, Counseling notes, Special diet information, Health & dietary history forms, Other

This authorization is made

At MY request OR At the request of - Specify

Conditions of Authorization

- 1. This authorization will expire one year from the date of signature, or on
2. I may revoke this authorization at any time by notifying DHD#10 in writing, and it will be effective on the day notified except to the extent that DHD#10 has already acted upon such authorization.
3. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal HIPAA Privacy regulations.
4. I understand that DHD#10 will not condition my healthcare, payment for my healthcare, enrollment or eligibility for benefits on whether I sign this authorization or not.
5. I have been offered a copy of this signed authorization.

Signature of Client Date OR Authorized Person & Relationship (parent/guardian) Date

Witness Date

OFFICE USE ONLY
Date Request Filled By