

I request the records be disclosed/obtained (mark all applicable):

_____ Printed copy to be picked up

_____ Mailed

_____ Emailed

_____ Faxed

I understand this authorization does not grant permission for the release of any records concerning mental health treatment, alcohol or other drug treatment, HIV/AIDS status or test results, and/or genetic information.

I understand that I have the right to revoke this authorization by giving written notice to the DeWitt-Piatt Bi-County Health Department (DPBHD). I understand that if the DPBHD has already used or released my health information in reliance to this authorization, that I cannot revoke the authorization. If I refuse to sign this authorization, the above-described health information will not be disclosed except as provided by the law.

I understand that DPBHD must allow or deny the right of access to records within 30 calendar days of receiving a written request. I understand that I have a right to ask to review my records at any time and to ask for an amendment to my records. I understand that DPBHD can deny a request for amendment of my records but must do so in writing.

I understand that the DPBHD may not condition treatment, payment, enrollment or eligibility for benefits based on my signing this authorization.

I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected. I understand that this authorization is valid for 3 years from today's date or until I revoke it in writing by delivering a written revocation to DPBCHD. I am entitled to a copy of this authorization upon request.

SIGNATURE: _____ DATE: _____

PHONE NUMBER: _____

If you are the personal representative of the client, please specify your relationship to the client: _____

OFFICE USE ONLY:

Signature of employee disclosing/obtaining records: _____ Date of release: _____

Signature of employee disclosing/obtaining records: _____ Date of release: _____

Signature of employee disclosing/obtaining records: _____ Date of release: _____