

If you would like a copy of your immunization record, please use the Authorization to release record form. This can be returned to the nursing department during normal business hours. You will be asked to present your I.D. and custody papers if applicable.

- Please note that if you are **18 or older** you must be the one to fill out the *authorization to release record form*, and present your I.D.



Hancock Public Health

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Ph. 419-424-7870

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Public Health
Prevent. Promote. Protect.

AUTHORIZATION TO RELEASE RECORDS OF INDIVIDUAL OTHER THAN PARENT/GUARDIAN OR PATIENT

I hereby () request () authorize Hancock Public Health (HPH) to () obtain () disclose my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke the authorization in writing addressed to the Privacy Officer at the address above. This authorization may not be revoked where HPH has reasonable acted in reliance hereupon.

The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.

I, _____ (must show copy of I.D.) am the patient, or parent/legal guardian of _____, born _____ and am providing signed consent to release the following records of the patient to _____ (Must provide copy of I.D. @ time of release)

Relationship to patient: _____

This authorization is effective from _____ to _____

- **NOT to exceed 1 year**

PRINT Patient/Parent or Legal Guardian Name: _____

Signature of Patient/Parent or Legal Guardian _____

Description of information being disclosed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Complete Health Record | <input type="checkbox"/> Immunization Record | <input type="checkbox"/> TB Test Results |
| <input type="checkbox"/> Consultation Reports | <input type="checkbox"/> Nurses Notes | <input type="checkbox"/> Laboratory Tests |
| <input type="checkbox"/> BCMH Records | | |

Other: _____

Party receiving this request: _____
(Hancock Public Health/ Employee's name)

Additional information can be found in the Notice of Privacy Practices.

- PROVIDE COPY TO INDIVIDUAL AND ORIGINAL TO FILE -