

Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

PATIENT NAME:			_
• • •		(Maiden or other name)	
DATE OF BIRTH: SS#	BCMH	CASE#	
(Mo) (Day) (Yr) ADDRESS:	CITY:	STATE:ZIP:	
DAY PHONE:	_EVENING PHONE:_		
I hereby authorize the Darke County Health Department to r	release/obtain my healt	th information to the following agency or	r person:
☐ OBTAIN INFORMATION FROM	_	EQUESTED INFORMATION FROM	•
OR RELEASE INFORMATION TO	☐ SEND REQ	OR QUESTED INFORMATION TO	
ame:	D	Parke County Health Department	
ldress:			
ty: State: Zip:_		Freenville, OH 45331	
none: Fax:		ttention:	
.one		itention	_
HEALTH INFORMATION T	O RE RELEASED C	OR RESCINDED	\neg
I specifically authorize release of the followin		Rescind date	
Immunization records	8		7
Entire Medical Record, OR (check appropriate	box (s)		7
History and physical ayam	OUN (S)		
Progress notes		-	
Lab, x-ray reports		+	
Mental health (including psychotherapy notes)			\dashv
Consultations		_	\dashv
HIV related information (AIDS) related testing)	,	-	\dashv
Animal Bite Report	1	_	\dashv
Other:		+	\dashv
This Authorization is made for the following pr		At my request; or	_
		At my request; or	
Specify: 1. This Authorization will expire six years from this date or on:			
 This Authorization will expire six years from this date or on: I may revoke this Authorization at any time by notifying Dar 	-la County General Hea		on the dat
notified except to the extent that Privacy Practice of Darke C			
3. Information used or disclosed pursuant to this Authorization			
privacy regulations.			•
4. By authorizing this release of information, my healthcare and	d payments for my healt!	hcare will not be affected if I do not sign	
this Authorization form.			
5. I have been offered a copy of this signed Authorization form		D. J. C. (C Haalth	
6. [If this Authorization is for Marketing, add the following:] I l			
District will/will not receive financial or in-kind compensation	on in exchange for doing	, of disclosing the hearth information	
District will/will not receive financial or in-kind compensation described above.			
described above.		/	
described aboveOR	PARENT/LEGAL GUAF	/ RDIAN/AUTHORIZED PERSON) (DA	 ATE)

300 Garst Avenue Greenville, OH 45331

Telephone: 937-548-4196 Environmental Fax: 937-548-9654 Nursing Fax: 937-548-9128



