

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I authorize _____ **County Detention Center and/or its Medical Department** to release copies of and/or information from my medical records, including, but not limited to: history and physical reports, physician notes, progress notes, clinic notes, emergency department notes, operative/procedure notes, medical notes, diagnostic results, x-ray reports, consultations, and discharge summaries, records relating to substance abuse, psychological/psychiatric conditions and/or communicable disease, including Acquired Immunodeficiency Syndrome (AIDS), or tests for infection with Human Immunodeficiency Virus (HIV), if present. I authorize this release of information to the following individual(s) or agency:

_____ (name of individual(s) or agency)

for the purpose of:

_____ (reason you want the records released)

for the following dates (Month/Day/Year): _____ to _____.

I have been informed and understand that information disclosed pursuant to this Authorization may be subject to redisclosure by a recipient of such information. It is possible that once disclosed, the privacy of the information may no longer be protected under federal medical privacy law.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or copy any information used/disclosed under this authorization to the extent allowed by law. I hereby acknowledge that this consent is made freely, voluntarily and without coercion. I understand that I can revoke this release at any time before the disclosure of the confidential information described above. I may revoke this release by giving written notice to _____ (name of person or agency releasing information) or to the County Jail’s Medical Department listed above. If not previously revoked, this authorization will automatically terminate in 1 year.

Signature

Date

Printed Name: _____

Date of Birth: _____

Address: _____

