



Washoe County Health District
IMMUNIZATION FAX 775-328-6102
CENTRAL CLINIC FAX 775-328-8029
AUTHORIZATION FOR
RELEASE OF INFORMATION

For office use only
Record faxed to: ()
Record faxed on (date)
By (clerk)

This is to certify that permission is hereby granted to release information as follows:

Information to be released for Name of patient (LAST NAME, FIRST NAME) Date of Birth

Information to be released by Name of physician, clinic, agency, etc. (775) 328-6102 Fax number

Information to be released to Name of person, physician, clinic, agency, etc. Fax number

Address to send record Address City State Zip

This protected health information is being released for the following purpose:

- Treatment Payment At the request of the individual Other

Information to be released: Dates of service to be included:

Type(s) of service provided:

- Nurses notes Doctors orders
Lab/Diagnostic tests
Entire records (including records from other health care providers)

I am aware of and have been advised of the existing State and Federal Statutes, Rules and Regulations and health information practices of the Washoe County Health District, which explain my right to confidentiality of the information of these records.

I realize that this is a required consent and that I must voluntarily and knowingly sign this authorization before any records can be released, and that I may refuse to sign, but in that event the records cannot and will not be released. I understand that the Washoe County Health District may not condition treatment, payment, enrollment or eligibility on my signing this operation.

This consent is valid for 60 days from the date listed below and I understand I have the right to withdraw this authorization, in writing, at any time by sending such written notice to Margot Jordan at Washoe County Health District, P.O. Box 11130, Reno, NV 89520.

Date Authorized Signature Relationship to patient

Date Witness Signature Your Phone Number

I understand that information used or released pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

INFORMATION FOR INFORMED CONSENT

The confidentiality of medical, psychiatric and substance abuse information is protected by State and Federal Statutes, Rules and Regulations including Nevada Revised Statutes. These Statutes, Rules and Regulations require that the patient give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations.