

Shelby County Health Department

AUTHORIZATION TO RELEASE PATIENT INFORMATION

This authorization is voluntary.

Patient Name: _____	Date of Birth: _____	Gender: _____
Address: _____	City: _____	State: _____ Zip: _____
Phone: Home (____) _____	Work/Cell (____) _____	

1. I hereby authorize the release of information from:

Name of Person /Organization: Shelby County Health Department

Street Address: 20 W Polk St Suite 202, Shelbyville, IN 47176

City/State/Zip: Shelbyville, Indiana 46176

To:

Name of Person/Organization: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____ Fax# _____

2. The information to be released:

I request the following information to be released (which may include information that is sensitive to the patient or the patient's family).

- | | |
|--|---|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Covid-19 Results |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Lead Screening Results |
| <input type="checkbox"/> MyVaxIndiana Pin Number | <input type="checkbox"/> Hemoglobin Results |
| <input type="checkbox"/> Covid-19 Vaccination Card | |

*Specific information to be released: _____

3. The person/organization requesting the release/disclosure of information:

- | | | |
|--|---|---|
| <input type="checkbox"/> Patient/Parent/
Guardian | <input type="checkbox"/> Attorney/
Legal | <input type="checkbox"/> Other (specify): |
|--|---|---|

4. Revoking authorization: I may revoke this authorization at any time. Revocations must be made in writing and sent to the Shelby County Health Department. Revocations will not apply to information that already has been released.

5. Effect of release: Once information has been disclosed, Shelby County Health Department can no longer protect it from further disclosure.

SIGNATURE: _____ **DATE:** _____

NAME (Printed): _____

- Parent Legal Guardian Other (proof of authority required)

For Office Use Only Information: <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Picked Up
