JOHNSON COUNTY KANSAS
Health & Environment

Release of Information Authorization

Patient Name	Phone Number	Date of Birth

Address	City	State	Zip

I authorize the following information:

Check box(s) that apply:	To be released from:	To be released to (list relationship):
Please list the specific medical records and the year(s) needed.		Relationship:
		Print Name:
☐ I have been counseled on all test/lab results requested _____ (initials)		Phone Number:

I understand that my medical records (including any alcohol or drug abuse information, communicable disease including STD, HIV, or AIDS information) may be protected by Federal Regulations. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event, this consent automatically expires two (2) years from date of signature. **By law JCDHE is required to produce medical records within 30 days of the receipt of authorization, however, JCDHE's normal processing time is ten (10) business days. Courtesy copies will be provided for 1-10 pages. Pages 11 up to 250 will be billed at the state per-page rate of $.63 per page (per K.S.A. 65-4971(b), thereafter $.45 per page plus $18.97 for shipping and handling. NOTE: Rates are subject to change with review of the Consumer Price Index.**

Date _____ Signature of Client or Parent/ Legal Guardian _____

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written authorization of the person whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500, in the case of a first offense, and not more than $5,000 in the case of each subsequent offence.

Drug Abuse Office and Treatment Act of 1972 (2) U.S.C. 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation of 1970 (42 U.S.C. 4582) KSA 65-6002, 6004, 6007).

Internal use:

Client # _____

Employee Initials _____

☐ **Faxed to:** _____
☐ **Mailed to:** _____
☐ **Client pick-up (identification checked)**

#574-s-Rev. 8/2019

Released by: _____ Date: _____