EL PASO COUNTY PUBLIC HEALTH (EPCPH)
1675 W. Garden of the Gods Rd.
Colorado Springs, CO 80907

Authorization to Release Protected Health Information

Client's Name: _____ **Date of Birth:** _____

Address: _____

_____

Phone: _____

List any other names you have used for your records (e.g., maiden name) _____

Name of Requester if different than client: _____ **Date of Request:** _____

- Your request will be processed within 30 days of the date of your request.
- You will need to provide verification of your identity.
- **COSTS:** You will be charged a fee for photocopying, which is $14.00 for 1 to 10 pages; $0.50 for pages 11-40; and $0.33 for pages 41and up. Payment must be made at the time of delivery of the requested material; or payment must be made prior to mailing copies of records.
- Request for immunization records are handled directly by the EPCPH Immunization Clinic. Request for WIC records are handled by EPCPH WIC staff.

Please answer <u>all</u> of the following questions:

(1) I request the following protected health information about me maintained by EPCPH. *Check one.*

❑ My entire record. List program(s) where you have received service at EPCPH: _____
_____
_____

<u>OR</u>

❑ Include these specific portions of my record. Describe or select choices below: _____
_____
_____

____ Medical examination. Describe._____
____ Laboratory tests. Describe._____

❑ Please exclude these specific portions of my record. Describe _____
_____

(2) I want records of services provided during the following time period:

_____ through _____
From Date *End Date*

<u>OR</u>

❑ All dates of service.

(3) I prefer that the record be supplied in the following format(s):

❑ I prefer to read the original records in person.

 Please complete other side

❑ I prefer to receive paper copies of the requested records (see fees above).

(4) Please deliver the information to me in the following manner. *Check one*.

❑ In person. I will make arrangements with EPCPH to pick up my records.

OR

❑ Mailed to my address:

Name: _____

Address: _____

OR

❑ I give my permission for EPCPH to release and mail my records to another person or healthcare provider:

Name: _____

Address: _____

(Note: Your records at EPCPH may contain sensitive information. EPCPH will not release Public Health records related to communicable disease investigations concerning HIV/AIDS or sexually transmitted diseases to anyone other than directly to me.)

This approval will expire

❑ Upon fulfilling this request, but no longer than 90 days from the date of signature; or

❑ On the following date, _____/_____/_____

I understand that EPCPH will still provide services to me even if I do not sign this approval form.

I understand that the persons or organizations listed above might share my health information, that EPCPH is not responsible if that should happen, and that Federal Privacy Laws or Regulations will no longer protect this information once EPCPH has fulfilled my request.

I understand that I can change my mind and cancel my approval at any time. I understand this request to cancel my approval must be in writing and sent to address below. I understand that the withdrawal of my approval will not apply to information that has already been released in response to this authorization.

Privacy Officer
El Paso County Public Health
1675 W. Garden of the Gods Rd.
Colorado Springs CO 80907

By signing below, I agree to all of the above and the information that I provided is correct and current. I acknowledge that EPCPH may contact me to ask me for more information about my request.

_____
Print Name of Client

_____ _____
Signature of Client or Legal Representative *Date*

For Legal Representative:

_____ _____
Print Name *Authority or Relationship to Client*

(Client must be provided a copy of this form at the time the request is made).

For Health Department Use Only.

Record request has been reviewed and approved.

Signature of EPCPH Privacy Officer: _____ Date: _____

The original copy of this completed form is to be maintained in the client's record, along with any accompanying communication, action, or designation.