NOTCH

NORTHERN TIER CENTER FOR HEALTH

Alburg * Enosburg * Richford * St. Albans * Swanton

PROTECTED HEALTH INFORMATION RELEASE AUTHORIZATION

Full Name: ______________________ DOB______________________ Phone: ______________

This will authorize: ____

To use or disclose my protected health information to:

Receiving Facility: ______________________________

Address: ______________________________

____

Ph/Fax: ______________________________

For the following purpose: ☐ Continuation of Care ☐ Other: ____________________

Specific Information to be sent: Dates of Care: ____________________

- ☐ **All Records**
- ☐ Diagnostic Imaging Report
- ☐ Dental X-rays
- ☐ Immunizations
- ☐ Lab Reports
- ☐ Consult Notes
- ☐ Office Notes
- ☐ Other (please specify) ______________________________

Electronic documents received on CD or DVD: Please send to Richford Health Center – Care Coordination Department 44 Main St. Ste 200, Richford VT 05476

- I understand that this authorization may be revoked in writing at any time, although revocation will not be effective for information that has already been released, or where other action has been taken in response to an authorization I have signed. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.
- I understand that information to be released may include treatment related to: mental health, behavioral health, HIV/AIDS, or drugs/alcohol.
- I understand that this authorization is voluntary and that I many refuse to sign this authorization. My refusal to sign will not condition treatment, payment, enrollment or eligibility for benefits.

______________________________ ______________________________ ______________

Signature of Individual or Representative Authority or Relationship of Representative Date

EXPIRATION DATE: This authorization will expire on ______________________________ If no date or event is stated, expiration is 1 (one) year from the date originally signed.