



Ravalli County Public Health

205 Bedford Street, Suite L
Hamilton, MT 59840-2853
P: 406-375-6672 F: 406-363-7540

AUTHORIZATION FORM TO REQUEST / RELEASE INFORMATION

Patient Name: _____
Last First MI Maiden/Other

Date of Birth: ____ - ____ - ____ Phone: _____
Mo Day Year

Address: _____ City: _____ State: ____ Zip: _____

I HEREBY AUTHORIZE RAVALLI COUNTY PUBLIC HEALTH TO REQUEST / RELEASE MY

(CHECK APPROPRIATE BOXES)

- HEALTH INFORMATION:
 - IMMUNIZATION
 - LABORATORY
 - HOME VISIT
 - INFANT WEIGHT CHECKS

CAR SEAT INFORMATION

FINANCIAL INFORMATION

OTHER: _____

FROM / TO:

Name: _____

Address: _____

Telephone: _____ Fax: _____

CONDITIONS OF AUTHORIZATION

1. I may revoke this authorization at any time by notifying Ravalli County Public Health in writing and revocation will be effective the following business day.
2. Information used or disclosed pursuant to this Authorization Form may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
3. Authorization or refusal of authorization of information will in no way affect my healthcare and/or payment for my healthcare.
4. I have been informed that Ravalli County Public Health will not receive financial or in-kind compensation in exchange for using or disclosing the health information described above.
5. I have been offered a copy of this signed agreement form.

Signature of Patient Date OR Parent/Legal Guardian/Authorized Person Date

Notice: Records requests expire 30 days after the date the requestor authorized and signed the release form. One authorization form per immunization records request. Future requests will require a new records release form.

<p>FOR STAFF ONLY:</p> <p>How was information released: <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Picked-Up</p> <p>Copy of valid ID and/or authorization documents: <input type="checkbox"/> Yes</p> <p>Employee releasing information initials: _____ Date: _____</p>	<p>RECORDS FROM</p> <p><input type="checkbox"/> ImMTrax</p> <p><input type="checkbox"/> Paper copy files</p>
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