Community Health Center of the North Country

AUTHORIZATION FOR RELEASE OF RECORDS

146L Arsenal Street Watertown, NY 13601
Phone (315) 786-0983, FAX: (315) 786-0994

Name:_____ **DOB:**_____

This authorization is written permission for the Community Health Center of the North Country to use, disclose or obtain my protected health information as directed below:

_____Use _____Disclose to _____Obtain from

Name of organization/person: _____
Address:_____
Phone:_____ Fax: _____

Specific information to be released:

- ☐ Entire Medical Record, including patient histories, office notes, test results, radiology, referrals, and consults)
- ☐ History and Physical
- ☐ Progress Notes
- ☐ Lab Results
- ☐ X-Ray results
- ☐ Other Test results: _____
- ☐ Other information:_____

Include: □ Mental Health Information □ HIV-Related Information

The protected health information will be used, disclosed or obtained for the following purposes:

_____

_____

_____

The authorization will expire in ninety (90) days or will be in effect until_____, or until _____.
Date Event

I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notice to CHC of the North Country. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to:

- Inspect or copy the protected health information to be used or disclosed as permitted by state/federal law
- Refuse to sign this authorization and it will not affect my treatment, payment, or eligibility for benefits.

_____
Signature of Person or Personal Representative

_____
Date

_____
Printed Name of Person or Personal Representative

_____
Description of Personal Representative's Authority

Please send the above requested information to:

Community Health Center of the North Country
146L Arsenal Street Suite 8
Watertown, NY 13601

Attn: _____