



# Authorization for Release of Information

*This is an authorization under the privacy rules of the Health Insurance Portability and Accountability Act of 1996 (45 CFR 164.508). This authorizes Randolph County Health Department (RCHD) to release my records as indicated below.*

Client Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number

**Records to be released from:**  
 \_\_\_\_\_  
 Randolph County Health Department, 1319 E. Highway 24 Moberly, MO 65270

**Records to be released to:**  
 I, \_\_\_\_\_, request and authorize RCHD to release my medical and billing records as indicated below to: Organization/Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_ Fax Number \_\_\_\_\_ Phone Number

**Reason for Disclosure (for the purpose of)**

Change of Doctor/Provider     Continuing Care  
 Disability Determination     Insurance     Legal     Personal     Workers Compensation  
 Referral to Specialist     Other: \_\_\_\_\_

**Information to be Released**

**Dates of Service**  
 All time     From: \_\_\_\_\_ To: \_\_\_\_\_

Special Diagnostic Test Results     Lab Reports  
 All Medical and Billing Records     Billing Records  
 Other: \_\_\_\_\_

I understand: (1) I may revoke this authorization at any time in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed by RCHD. Revocation request can be mailed to 1319 E. Highway 24 Suite A Moberly, MO 65270; (2) My health information may be subject to re-disclosure by the authorized recipient, and RCHD cannot guarantee the recipient will not use the disclosure in a violation of the privacy rules; (3) I am entitled to ask for and receive a copy of this document, and; (4) I am not required to sign this authorization in order to receive health care treatment and RCHD will not condition treatment, payment, on whether I sign this authorization.

**My signature below acknowledges that I have read, understand, and authorize this release.**

\_\_\_\_\_  
*\*Personal Representative*

\_\_\_\_\_  
*Type or Print Your Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

\*Personal representatives must show documentation from a court of competent jurisdiction appointing the personal representative to the position.