



SOMERSET COUNTY HEALTH DEPARTMENT

7920 Crisfield Highway, Westover, Maryland 21871

Colleen Parrott RN, MS
Health Officer

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AUTHORIZATION TO RELEASE OR OBTAIN INFORMATION

Who is authorized to Receive and Use your Health Information?:

Name Address Phone Number
Tri-County Housing Alliance (TCAH) / HMIS 443-523-1810

Who is authorized to Disclose your health information?:

Name Address Phone Number
Tri-County Alliance for the Homeless Program / HMIS 443-523-1810

Individual's Health Information authorized for Use and Disclosure:

Name: Birth Date: SSN: Phone Sex: Race:
Present Address:
Former Name:

This Undersigned Hereby Requests and Authorizes That the Following Information be provided:

- BCCP/Cancer Immunizations Prenatal
Communicable Diseases Laboratory Reports STD Records
Discharge Summary Mental Health X-Ray Reports
Other (Specify)

Except for the following which expressly may NOT be disclosed (If none, write "NONE"):

Purpose of Request, Why information is needed (Must be completed):

If the information which the program has includes records or information from another entity,
I DO or DO NOT wish to have that information released under this authorization.

Conditions For Exchange of Authorized Information

Expiration: This authorization will expire one year from date unless specified:

DATE EVENT or CONDITION _____

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice, but not retroactive to release of information already made in good faith.

USE SPACE BELOW ONLY IF CLIENT WITHDRAWS CONSENT

Date Consent Revoked by Client

Signature of Client

CONFIDENTIALITY: If the request for information concerns a person admitted for treatment of alcohol or drug abuse, the confidentiality of this information is protected by federal law: (42CFR Part 2) which prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose.

REDISCLASURE: Any individual or agency receiving Somerset Co. Health Dept. client information is prohibited from making further disclosure of the medical record. This is prohibited as provided by the annotated Code of Maryland 4-303 (b) (5) (ii).

PHOTOSTAT/FACSIMILE: A photostat or facsimile of authorization is considered as effective and valid as the original.

2.39 CRIMINAL JUSTICE SYSTEM REFERRALS – RULES: “Revocation of consent” An individual whose release from confinement, probation, or parole is conditioned upon his participation in a treatment program may not revoke a consent given by him in accordance with paragraph (a) of this section until there has been a formal and effective termination or revocation of such release from confinement, probation or parole.” FEDERAL REGISTER, VOL 40, No 127, TUESDAY, July 1, 1975.

Signature of Client

Date

Signature of Guardian or Legal Representative
Relationship to Client: _____
(Attach copy of document granting legal authority)

Date

Signature of Witness

Date

Signature of Counselor (if applicable)

Date