



Community Health Center
of the North Country

AUTHORIZATION FOR RELEASE OF RECORDS
77 West Barney St Gouverneur NY 13642
Phone (315) 287-4440, FAX: (315) 287-1858

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 Record (including patient histories, progress notes, test results, radiology, referrals, and consults);

Or only the following:

- History and Physical
- Progress Notes
- Lab Results
- X-Ray results
- Other Test results: _____
- Other information: _____

Include: Mental Health Information HIV-Related Information

Circle all that apply:

Primary Care Dental Optometry Foot Care Physical Therapy Mental Health

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 re-disclosure 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
77 West Barney St Gouverneur NY 13642
Attn:

This document meets requirements under Federal HIPAA Privacy regulations

Date Created:4/03

Review/Revision Dates: 05/09, 07/10, 10/12, 2/13, 6/13, 12/13, 11/16