



1840 East Gypsy Lane Road, Bowling Green, Ohio 43402
 PH: (419) 354-9049 FAX: (419) 353-1464
 www.WCHealthCenter.org

RELEASE OF INFORMATION

Patient Name: _____ Date of Birth: _____

I am the patient listed above. I authorize the agency or provider listed below to give my protected health information to the receiving agency or provider listed below for my medical care.

Agency/Provider to
Give (Disclose) Information

Agency/Provider to
Receive Information

*Wood County Community Health and
Wellness Center
1840 East Gypsy Lane Road
Bowling Green, OH 43402
419-354-9049
Fax: 419-353-1464*

Information to be Disclosed

Dates of Services:

Most Recent All Episodes Previous 6 Months

- Provider Office Transfer Package
(standard 2 years of information)
- Hospital Pertinent Package
(Discharge Summary, H&P, Operative Report, Consults, Labs,
Radiology, and Diagnostic testing)
- Operative Record
- Emergency Record
- Progress Notes/Consultation Notes
- Laboratory Results _____
- Radiology Results _____
- Alcohol and/or Drug Abuse Treatment Program*
- Mental Health Record
(Assessment, Medication List, Psych Eval, Treatment Plan)
- Other _____

Information that you give us permission to share may be shared by the person who gets it. If that happens, it may not be protected by federal privacy rules.*

I understand that I have the right to refuse to sign a release of information. I am not required to sign this in order to receive treatment or payment or to enroll or be eligible for benefits.

I understand I can revoke (cancel) this consent at any time by writing or emailing this office.

This release is time limited and will expire in ninety (90) days.

Signature of Patient/Guardian: **X** _____ Date: _____

Witness: _____

*This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.