



Wood County Health Department
Community Health Center

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 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\* (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.