## AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I authorize this patient's information to be released:		
Patient Name: Patient Date of Birth:		
Also known as:		
Release information from:		
l <u> </u>		nic (write in clinic):
Release information to:		
Name	Company (if applicable)	
Phone Number	Email	
Fax Number	Mailing Address	
Information Dates or Date Pana		
Information Dates or Date Range If no dates or date range given (non-KC)	<b>e:</b> Medic One requests), the last 2 years or	most recent jail stay information will be released.
Information Types:	, .	
☐ All Medical Records (visit notes, medications, labs, diagnoses, test results) ☐ Verbally Release Information		
☐ Vaccination Records ☐ Dental Records ☐ X-ray Images ☐ Billing Records ☐ Other:		
☐ KC Medic One Records		
Address or cross street of KC Medic One care:		
Time and date of KC Medic One care:		
Purpose of Release: Legal Payment Health Care Other:		
I also authorize releasing information about Sexually Transmitted Diseases (STD) and HIV/AIDS testing, diagnosis, and/or treatment; Substance Use Disorder (SUD, i.e., drug and/or alcohol abuse) evaluation, diagnosis and/or treatment; and Mental Health unless I check a box or boxes below.		
Do NOT include the following information:		
STD/HIV/AIDS Testing/Diagno	osis/Treatment SUD Evaluation/	Diagnosis/Treatment
This authorization expires on this date or event:		
If no date or event given, this authorization	on expires 1 year after the date it is sign	ed.
Patient or Authorized Adult Signature	e	Date
Print Name and Relationship to Patient, if signed by person other than patient		
	Notice:	
revocation will not apply to any infor	rmation already released. Public Heal form isn't signed. The person or organ	ealth in writing you are revoking the authorization. The th may not refuse treatment, payment, enrollment, or dization receiving the requested information may release
	Health Information Management	
Public Health 🔥	Health Information Management Public Health – Seattle & King County	PATIENT NAME:
Seattle & King County	401 5 <sup>th</sup> Ave, Suite 1220 Seattle, WA 98104-1818	DOB:
	Phone: 206-263-9700 Fax#: 206-788-8433	MRN:

DPHROIHotline@KingCounty.gov

Form #PH-BSA 1016 (Rev. 09/2023)