

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Client Name _____ Date of Birth: _____

<p>Release Records</p> <p>FROM:</p>	<p>North Country Home Health & Hospice Agency 536 Cottage St. Littleton, NH 03561 P: 603-444-5317 F: 603-444-0980</p> <p><input type="checkbox"/> If records being released, please check here if you want the envelope marked "Personal and Confidential"</p>
<p>Release Records</p> <p>TO:</p>	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p>
<p>Information to be released / reviewed</p>	<p>The following information is to be released:</p> <p><input type="checkbox"/> Treatment notes</p> <p><input type="checkbox"/> Care plan</p> <p><input type="checkbox"/> Medication lists</p> <p><input type="checkbox"/> Physician orders</p> <p><input type="checkbox"/> Other: _____</p> <p>For the following date (s) of treatment or condition:</p> <p>_____</p> <p>_____</p>

I have read and understand the following:

- If I change my mind, I may write to North Country Home Health & Hospice Agency whom I have authorized to release my records. This will not apply to records that have already been released.
- This form expires one year after I sign it or sooner (specify here _____).
- Please note that once the requested information is disclosed pursuant to this authorization, North Country Home Health & Hospice Agency will no longer have control over the information and there is a potential that it may be re-disclosed by the recipient and will no longer be protected by the privacy rules under the Health Insurance Portability and Accountability Act.
- To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
- If I do not sign this form, I will still be treated by North Country Home Health and Hospice Agency.

 Signature of Client or Authorized Person

 Date

 If authorized person is signing, please also print name

 Authorized Person's authority to sign
 (Parent, guardian, power of attorney, etc.)

Reason Client is unable to sign: _____