



Okanogan County Public Health

www.okanogancounty.org/government/public_health

PO Box 231
1234 South 2nd Avenue
Okanogan, WA 98840
(509) 422-7140

CONFIDENTIAL FAX (509) 422-7152

REQUEST FOR MEDICAL INFORMATION RELEASE

Please PRINT all information in Section A

SECTION A

PATIENT / CLIENT NAME: _____

DATE OF BIRTH: _____ (Month / Day / Year)

If less than 18 years old, PARENT'S NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

INFORMATION RELEASE FROM
(Clinic, agency, healthcare entity or individual):

_____ ADMIT DATE(s), if known: _____

I hereby authorize and request you to release, forward or discuss the confidential information marked below. Sharing of this information with agencies without my consent is not allowed. I understand that allowing release of this information is my responsibility.

SECTION B

The information to release includes:

- Medical summaries, chart notes and/or immunization records
- Laboratory reports including results and consultant recommendations
- Mental Health treatment records
- Substance Abuse treatment records
- Other (Specify): _____

SIGNATURE OF PATIENT or PARENT printed above:

_____ Today's DATE: _____

OCPH STAFF INITIALS: _____

Revised 04.13.22

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON