Okanogan County
Public Health District
www.okanogancounty.org / government / public_health

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

REQUEST FOR MEDICAL INFORMATION RELEASE

CONFIDENTIAL FAX (509) 422-7152

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: _____

OCPHD Office Use Only
Community Health Nurse or Support Personnel INITIALS: _____ Date:_____