



Health Department
Prevent. Promote. Protect.

Miami County Health Department

1201 Lakemary Drive
Paola, KS 66071
Phone: (913) 294-2431
Fax: (913) 294-9506

Dr. Shalaunda Gray, MD – Medical Director/Local Health Officer
Christena R. Beer, MPH, BSN, RN – Public Health Director

Authorization for the Release of Medical Records

Patient Name: _____ Date of Birth: _____
Address: _____ Apt./Suite: _____ City: _____
County: _____ State: _____ Zip: _____ Phone: _____

I authorize the following information:

Please list the specific medical records and the year(s) needed: _____

To be released from: Miami County Health Department – Phone: (913) 294-2431 Fax: (913) 294-9506

To be released to:

Name/Facility: _____ Relationship: _____
Address: _____ Apt./Suite: _____ City: _____
County: _____ State: _____ Zip: _____ Phone: _____
Fax: _____ Email: _____

Name of Person Picking Up: _____

Preferred method of delivery: Fax Encrypted Email USPS to address above Pick up with Photo ID

I understand that my medical records (including any alcohol or drug abuse information, communicable disease including STD, HIV, and/or AIDS information) may be protected by Federal Regulations. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event, this consent automatically expires one (1) year from date of signature. **By law, Miami County Health Department (MCHD) is required to produce medical records within 30 days of the receipt of authorization, however, MCHD’s normal processing time is five (5) business days.**

Printed Name of Patient/Parent/Legal Guardian/Representative

Signature of Patient/Representative Relationship Date

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written authorization of the person whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offence. Drug Abuse Office and Treatment Act of 1972 (2) U.S.C. 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation of 1970 (42 U.S.C. 4582) KSA 65-6002, 6004, 6007).

For Office Use Only

Patient ID#: _____ Faxed to: _____
Employee Initials: _____ Mailed to: _____
Received by: _____ Date: _____ Patient pick-up (ID checked): _____
Released by: _____ Date: _____ Emailed to: _____