GEORGIA DEPARTMENT OF PUBLIC HEALTH

NAME OF INDIVIDUAL/PATIENT	
DATE OF BIRTH	
ADDRESS	**CITY/STATE/ ZIP**

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

1. I hereby voluntarily authorize _____ Health Department to disclose the medical information indicated below to healthcare providers, emergency responders, and American Red Cross health services personnel.

2. The purpose for this disclosure is to assist in emergency response activities.

3. The information to be disclosed is:

___ Entire Medical Record
___ Only medical information from the period _____ to _____
___ Other (specify) _____

If you would like any of the following sensitive information disclosed, please indicate with a check mark below:
___ Alcohol/ Drug Abuse Treatment
___ HIV/ AIDS- related Treatment
___ Mental Health (other than psychotherapy notes*)

4. I understand that this authorization shall become effective immediately and shall remain in effect until _____ (date) or for one year from the date of signature if no date is entered.

I understand that this authorization may be revoked in writing by the undersigned at any time prior to the release of information from DPH. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

_____ _____
Print Patient's Name Patient's Signature

_____ _____
Print Authorized Representative's Name (if applicable) Authorized Representative's Signature

_____
Date

**Psychotherapy notes* means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. 45 C.F.R. 164.501.