Lafayette County
HEALTH DEPARTMENT
Prevent. Promote. Protect.

547 S Business Hwy 13 (660) 259-4371
Lexington, MO 64067 Fax (660) 259-4371
www.lafayettecountyhealth.org

Authorization for Release of Information

I, _____, do hereby authorize and request that Lafayette County Health Department
(name of Client, Parent, Guardian, Legal Representative)

____Release / ____Request (as described in more detail below)

copies of medical records that relates to the following individual:

Client Full Name _____**Date of Birth** _____

Address _____

City, State, and Zip Code _____

Phone _____

The specified Information to be Disclosed/Requested is (Check all that apply)

☐ Immunizations ☐ TB screening/results ☐ Laboratory Reports

☐ Other (Specify) _____

Include information within the following date(s) _____

Records requested from:
Lafayette County Health Department (LCHD)
547 S Business Hwy 13
Lexington MO 64067
660-259-4371 Fax 660-259-6250

Records Requested /Released to:

Name of Person or Facility _____

Street Address _____

City, State & Zip Code _____

Phone Number _____ Fax Number _____

1. I understand that if the person or facility listed above is not subject to the federal privacy standards, the health information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards and such person or facility may re-disclose my health information without obtaining my authorization.
2. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so **IN WRITING** and present my written revocation to LCHD. I further understand that actions already taken based on this authorization, prior to revocation, will **NOT** be affected.
3. I understand, unless otherwise indicated, this authorization becomes effective on the date of signature below and will expire one year from that date. I understand I have the right to request a copy of this authorization.

_____ _____
Signature of Client, Parent, Guardian or Legal Representative Date