



Coffey Health System

801 N 4th Street | Burlington, KS 66839
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AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Through the 1996 Health Insurance Portability and Accountability Act, the Department of Health and Human Services established national standards for among other things, the privacy of protected health information. In compliance with Federal regulations, Coffey Health System Physician Clinics may not discuss your medical care with anyone without your express written permission, except in the case of an emergency or as required by law. This does not apply to disclosing information to carry out treatment, payment or health care operations.

Please list the full name(s) and relationship to the person(s) with whom you give Coffey Health System Physician Clinics to discuss your case, i.e. medication refills, test results, appointment scheduling, billing information, medical history, etc. Examples include: family member, interpreter, etc. If you choose to not name anyone, please write "no one".

This authorization will remain in effect until revoked or 1 year has passed since approved by patient or the patient's representative.

Name	Relationship to Patient

Patient or Patient's Representative Signature:

Patient's Name:

Date of Birth:

Date:

Please note this authorization is only applicable for services rendered in the physician clinics and does not apply to other CHS services to include but not limited to admissions, ER visits etc.