

HEALTH DEPARTMENT

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

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

1. I hereby voluntarily authorize _____ Health Department to disclose the medical information indicated below to the following organizations and agencies: Georgia Department of Community Health, Georgia Emergency Management and Homeland Security Agency, county-based emergency management agencies, and the American Red Cross.
2. The purpose for this disclosure is to assist in facilitating my evacuation and placement needs during an actual or pending emergency or disaster in which I am being asked to evacuate.
3. The information to be disclosed is the Public Health District Hurricane Registry Application and corresponding documents.

I understand that the application and corresponding documents may contain sensitive information and consent to the disclosure of any alcohol/drug abuse treatment, HIV/AIDS related treatment, and mental health records (*other than psychotherapy notes).

4. I understand that this authorization shall become effective immediately and shall remain in effect until one year from the date of signature.

I understand that this authorization may be revoked in writing by the undersigned at any time prior to the release of information from Health Department. 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.