MEDICAL RECORDS RELEASE

NORTH DAKOTA DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
SFN 51939 (Rev. 3-2010)

From:	To:		
Client's Name:	Date of Birth:	Telephone Number	
Address	City	State	ZIP Code

☐ Client requests that client records be released to your clinic. ☐ Client requests that client records be released to our clinic.

☐ Client authorizes the release of sensitive records.

☐ Mental Health ☐ HIV Records ☐ Chemical Dependency

☐ Client requests to hand carry records.

☐ Client authorizes communication between agencies.

Please send clinical notation/copy of the following:

		COMMENTS
	Medical History (For requests to other FP clinics)	
	Last Physical Examination	
	Pelvic Examination	
	Breast Examination	
	Pap Smear (Copy of Cytology Report)	
	Chlamydia/Gonorrhea (Copy of Lab Report)	
	Biopsy (Copy of Pathology Report)	
	Treatment Post Colposcopy	
	Pap Smear Follow-up Schedule	
	Other	

Pertinent Medical or Surgical History:

I understand that I may request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 12 months from the date signed below. I understand that I may revoke authorization by notifying, in writing, the Family Planning Program Manager of this agency, knowing that previously disclosed information may not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to receive services, payment or my eligibility for benefits.

I hereby request and authorize the above-identified agencies to exchange the necessary information pertinent to this request for release of records.

Client's Signature:	Date:
Witness:	Date:
Chart Number:	

This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. You may not make further disclosure without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.

DISTRIBUTION: WHITE - Client Chart **YELLOW -** Agency Providing Information