BAKER COUNTY HEALTH DEPARTMENT
2200 4th Street
Baker City, OR 97814
Phone: 541.523.8211
Fax: 541.523.8242
TTY: 800.735.2900

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

In order for us to best treat you following your visit today, we request that you sign this disclosure in order for us to share your information with the following entities involved with your care. The purpose of this disclosure is to provide continuation of care following your visit today. **This request is valid only for information collected during this Adolescent Wellness Event.**

STUDENT NAME: ______________________________________ **DATE OF BIRTH:** _____________

ADDRESS: __________________________ **CITY:** ___________ **STATE:** ______ **ZIP:** ___________

TELEPHONE NUMBER: _______________________

RELEASE INFORMATION FROM: ADOLESCENT WELLNESS EVENT 2023

PLEASE RELEASE INFORMATION TO:

- ☐ SCHOOL: _______________________________________ for Sports Physical Only (form will be uploaded via FamilyID, or given to school if not registered with FamilyID)
- ☐ Parent/Guardian
- ☐ Self (student)

REFERRALS: YOUR CHILD MAY BE REFERRED FOR ADDITIONAL SERVICES:
PLEASE RELEASE REFERRAL INFORMATION TO:

- ☐ Medical Service Providers
- ☐ Physical Therapy Providers
- ☐ New Directions Northwest
- ☐ Other: _____________________________________ for__________________________

I understand that I have the right to revoke this authorization at any time. In order to revoke this authorization, I must submit a written revocation at each individual office.

I understand the information to be released may include records related to behavioral and/or mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

Printed Name: ____

Signature: ____ **Date/Time:** __________________

Baker County Health Department (BCHD) is available to all that no individual is excluded from participation, denied benefits, or subject to discrimination on the grounds of race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, financial status, and disability.