DOCTORS WITHOUT DELAY
Rooks County Health Center
1210 N Washington | P.O. Box 389
Plainville, KS 67663
DocsWithoutDelay.com
785.688.DOCS(3627)

PERMISSION FOR RELEASE OF INFORMATION

- In order to comply with specific rules regarding HIPPA (Health Insurance Portability & Accountability Act of 1996), we ask that our patients complete and sign this privacy and security of health information document.

Patient Name: _____ **Date:** _____ /_____ /_____

Personal Representative Name: _____ **Relationship:** _____
(*If applicable*)

- It is the office policy of Doctors Without Delay Walk-in Clinic not to release confidential and/or unauthorized information by home telephone, answering machine, work telephone, voicemail, or cell phone. Whenever returning telephone calls and the answering machine picks up, we cannot leave a message if the name and telephone number is not on the recorded message to identify the residence. Information will also not be left with an unauthorized person who may answer the telephone.

- I authorize Doctors Without Delay Walk-in Clinic and staff to leave medical information pertaining to my care by the following methods and will assume responsibility of notifying Doctors Without Delay Walk-in Clinic whenever this information changes.

Home Telephone: (_____)_____	☐ Yes	☐ No	☐ Not Applicable
Answering Machine:	☐ **Yes**	☐ **No**	☐ **Not Applicable**
Work Telephone: (_____)_____	☐ Yes	☐ No	☐ Not Applicable
Voice Mail:	☐ **Yes**	☐ **No**	☐ **Not Applicable**
Cell Phone/Cell Voicemail: (_____)_____	☐ Yes	☐ No	☐ Not Applicable
Work Fax: (_____)_____	☐ **Yes**	☐ **No**	☐ **Not Applicable**
Home Fax: (_____)_____	☐ Yes	☐ No	☐ Not Applicable
E-mail Address: _____	☐ **Yes**	☐ **No**	☐ **Not Applicable**

- If you would like to have information released to someone other than yourself, please complete the following:

Spouse Name: _____	☐ Yes	☐ No	☐ Not Applicable
Mother's Name: _____	☐ **Yes**	☐ **No**	
Father's Name: _____	☐ Yes	☐ No	
Other Names: _____	☐ **Yes**	☐ **No**	
Relationship: _____			

Date: _____ /_____ /_____ **Signature:** _____