

8) The following records are authorized to be released. Please initial in blue ink next to each applicable category of records:

_____ Itemized Billing Statements	_____ Homeless Health Clinic Records	_____ Entire Medical Record*
_____ Ambulance Run Report	_____ Case Management Records	_____ Other: _____
_____ Immunization Records	_____ WIC (Women, Infants & Children)	_____ Other: _____
_____ Family Medical Leave Act Records	_____ Dental Records	_____ Other: _____

*This does not include records concerning highly confidential information.

9) Release of highly confidential information ("HCI"). In order to authorize the release of any HCI, the requestor must initial in blue ink next to the following statement:

_____ By initialing any of the boxes next to a category of HCI listed below, I specifically authorize the disclosure of the category of HCI indicated next to my initials.

Please initial in blue ink next to each applicable category of HCI. If no box is initialed, no information will be released for any purpose.

_____ Mental Illness or Disability	_____ Sexually Transmitted Diseases (STDs)	_____ Sexual Assault
_____ Counseling/Mental Health Notes	_____ Substance Abuse or Addiction	_____ Abuse of an Elderly or Disabled Adult
_____ Child Abuse and Neglect	_____ Abortion	_____ HIV/AIDS Testing or Treatment*

*Including the fact that an HIV/AIDS test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative.

10) Authorization signatures. Please read the following statement and complete the appropriate signature line(s) in blue ink.

I have read and understand the terms of this *Authorization*, and I hereby knowingly and voluntarily authorize Hamilton County General Government, specifically the department I have selected in Section 7, above, to disclose my personal health information ("PHI") as I selected above in Sections 8 and 9, for the purpose(s) I noted in Section 5. Pursuant to 28 U.S. Code § 1746, I hereby declare under penalty of perjury that I am either the Patient who is the subject of the requested records, or such Patient's authorized representative as I have indicated below.

Signature of:

Patient: _____ Date: _____ Time: _____
MM/DD/YYYY Include AM or PM

Authorized Representative: _____ Date: _____ Time: _____
MM/DD/YYYY Include AM or PM

Indicate Relationship to Patient: Parent of Patient under 18 years of age Legal Guardian* Court Order* Estate Executor*
 Legal Representative/Power of Attorney* Other: _____ *Related legal documentation must be attached.

11) This section will be completed by a Hamilton County employee when this *Authorization* is filled out on site at a Hamilton County Government office.

I, _____, an employee Hamilton of County in the _____ department by my signature below confirm that this *Authorization* was completed in my presence, on the date I have noted below, and that the Patient's or Requester's identity was verified by me, via the method(s) I have indicated below.

Request by Patient. Photo ID must be current.

- State-Issued Driver's License
 - State-Issued Photo ID
 - Signature verified against existing departmental records
 - Military Photo ID
 - Passport with Photo
- Other: _____

Request by Patient - No Photo ID Presented

- Two identifiers—phone number, date of birth, address, last four digits of SSN—verified against existing departmental records.
- Other: _____

Request by Parent, Legal Guardian or Legal Representative. Requestor must provide one item from list A and B. IDs must be current.

List A - Choose One

- State-Issued Driver's License
- State-Issued Photo ID
- Signature verified against existing departmental records
- Military Photo ID
- Passport with Photo

Other: _____

List B - Choose One

- County Attorney's Office approved legal documents (Power of Attorney, Court Order, Letters Testamentary, etc.)
- Health Insurance Card - Verified minor covered under parent's health insurance.
- Birth Certificate or Order of Adoption listing parent identified in photo ID as minor's parent.

Other: _____

Employee Signature: _____

Date: _____

Instructions for Submitting Your Completed Authorization Form

Checklist and Special Instructions. Use this list to ensure you've provided all required information and to provide us with special instructions.

- Make sure you have provided a phone number in Section 1 in the event we have questions and need to contact you.
- Make sure that you have read and initialed each statement in Section 2.
- Make sure all initials and signatures are in blue or other colored ink. Remember, signatures in black ink will be rejected.
- Make sure you have completed Section 4, providing an address to which the released records should be sent.
- If requesting release of highly confidential information, make sure that you have initialed the statement in Section 9 and initialed at least one box.
- If you are not the patient and requesting release of records as the patient's parent, guardian, legal representative, etc., make sure you have attached a legible copy of documents that give you authority to act on the Patient's behalf.
- If you have any special instructions about how we release your records, please complete the following section and submit this page with your completed Authorization Form.

I hereby request that Hamilton County provide my protected health information subject to the following special instructions:

How to Submit Your Completed *Authorization* or Notice of Revocation of Authorization by U.S. Mail or Email: Your *Authorization* or *Notice of Revocation* must be signed in blue or other colored ink (signatures in black ink will be rejected) may be sent by U.S. Mail to the departments, divisions or offices you noted in Section 6 at the address listed below. Please submit a separate form for each department from which you wish to receive records.

Hamilton County Health Department
921 East Third Street
Chattanooga, TN 37403
Email: HDMedicalRecords@HamiltonTN.gov

Hamilton County Ambulance Billing
455 North Highland Park
Chattanooga, TN 37404
Email: AmbulanceBilling@HamiltonTN.gov

Hamilton County Risk Management
317 Oak Street
Chattanooga, TN 37403
Email: JudithS@HamiltonTN.gov

Other:
Hamilton County Attorney's Office
625 Georgia Avenue, Suite 204
Chattanooga, TN 37402
Attn: Dana M. Beltramo
Email: DBeltramo@HamiltonTN.gov

Hamilton County Human Resources
317 Oak Street
Chattanooga, TN 37403
Email: ShelleyK@HamiltonTN.gov

Hamilton County Emergency Medical Services (EMS)
317 Oak Street
Chattanooga, TN 37403
Email: EMSMedicalRecords@HamiltonTN.gov