CHJ-121
REV 03/2005
4835-7121

MICHIGAN DEPARTMENT OF CORRECTIONS – Bureau of Health Care Services

PATIENT'S AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

(PRINT OR TYPE FULL NAME OF PATIENT)	(NUMBER)	(DATE OF BIRTH)

Information to be released from:

Facility: Michigan Department of Corrections	**Address:**

Information to be released to:

Name:	**Address:**	**Organization (if applicable):**

Information to be disclosed: MCL 333.26269 allows an initial fee of $20.00; $1.00 charge per page for the first 20 pages; $.50 charge per page for the next 20 through 50 pages; and $.20 charge per page for anything over 51 pages. Being specific about your request will reduce your costs of copying.

SPECIFIC DATES	Beginning Date:		Ending Date:	
SPECIFIC INFORMATION	Medical ☐	Dental ☐	Mental Health ☐	Complete Health Record ☐
Other – Specify:				

By signing this form I am attesting to the fact that the records I am requesting be released, including alcohol, drug abuse, mental status,[1] and serious infectious and communicable diseases (including venereal diseases, tuberculosis, Hepatitis C, and HIV infection)[2] are protected under State of Michigan and Federal confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

I understand that I may revoke this authorization at any time and that this authorization pertains to fulfillment of the above stated request. No information collected beyond this date will be released unless it pertains to this request. This request will automatically expire after six months from the date of signature.

I have read the above and acknowledge that I am familiar with and fully understand the terms and conditions of this authorization.

I DO HEREBY CONSENT TO THE DISCLOSURE OF THE ABOVE DESCRIBED INFORMATION CONTAINED IN THE HEALTH RECORD IDENTIFIED ON THIS FORM.

Date:	**PATIENT / MINOR'S PARENT / GUARDIAN / MEDICAL POWER OF ATTORNEY SIGNATURE**
Date:	**WITNESS SIGNATURE**

1 Prohibition of Redisclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose (21 USC 1175; 42 USC 4582).

2 Michigan Public Health Code (MCL 333.1101 et seq.); Medical Records Access Act (MCL 333.26261 et seq.).

DOCUMENTATION GUIDELINES

FORM NAME: Patient's Authorization for Disclosure of Health Information

FORM NO.: CHJ-121 **GUIDELINE REV. DATE:** 03/2005

INFORMATION:

WHO	DOES WHAT
Requestor	Prints or types full name, number and date of birth of prisoner for whom the information is being requested.
	Includes facility name and address of the facility at which the prisoner is housed.
	Includes the name, address and organization (if applicable) of the person to whom the information will be released.
	Specifies beginning and ending dates of the period of time for which the information is being requested.
	Indicates whether information requested pertains to medical, dental, mental health OR if the complete health record is being requested. Provides other more specific information if necessary.
	Signs and dates the request.
Health Information Manager	Verifies that authorization is original and that prisoner has signed and dated the authorization.
	Determines that all information requested is available in the health record.
NOTE #1:	Information concerning events that occurred after the date of the signature on the authorization form will not be supplied, unless the information is pertinent to the request, such as results for tests that had been ordered at the time of the request but that were not available at the time the copies were made. Test or procedure results ordered after the date of the authorization will require a new authorization.
NOTE #2:	Requests to supply information verbally to a third party about events that occurred after the date of the signature on the authorization form will not be supplied, unless the information is pertinent to the request, such as results for tests that had been ordered at the time of the request but that were not available at the time the copies were made. Requests to supply verbal information concerning test or procedure results ordered after the date of the authorization will require a new authorization.
NOTE #3:	Prisoners will be charged for copies pursuant to Michigan Department of Corrections Operating Procedure 01.06.110-A, "Prisoner access to Medical Records".