

KIOWA DISTRICT HEALTHCARE AUTHORIZATION FOR RELEASE OF (PHI) PROTECTED HEALTH INFORMATION

PATIENT INFORMATION			
	NAME: DATE OF BIRTH:		
	Address:	Day Phone:	
	City:	State:	Zip:
Clinic/Hos pital/Health Care Provider— (Who has the information	NAME:		
you want released?) Please	Address: Phone:		
list the specific Hospital/Clinic	City:	State:	Zip:
Receiving Party			
(Where do you want the	NAME: Attention to:		
information sent? Who may have the information?)	Address: Phone:		
	City:	State:	Zip:
	Fax Number (URGENT PA	TIENT CARE ONLY)	
Information to be Released (What do you want sent or released? Mark the Appropriate option)	Routine Record Sets (indicate date(s) of service		
	History & physical exam Laboratory reports Other records specify OPTIONAL Limits – Disclose o	Radiology reports Rehab records (PT/OT) Pathology reports	Emergency record(s)MedicationsImmunization/AllergyOperative reportsProgress/Clinic notesConsultations Injury or Illness
Release Instructions	Date information is needed: (NOTE: PLEASE ALLOW 7-10 DAYS FOR PROCESSING)		
(<i>How</i> and <i>When</i> do you want the information?)	Release Method/Format requested: (choose one)PaperCD/DVDView my RecordFax (patient care only)Verbal Continuing Care Information released by Nursing Station/Department (verbal and Paper)YesNo		
Purpose of Release (Why is it needed?)	Continuing care Transfer of Care Social security appeal Insurance application * Personal use or review * Social security disability Insurance payment/claim Litigation/legal * determination * Other* *Fees may be charged in accordance with KS Statue 65-4971(b) and Federal Rule 45 C.F.R. §164.524		
This authorization lasts for one year after the date you sign it unless you enter a different date or expiration here: This authorization may be canceled in writing at any time. A cancellation will not change releases that happen before the cancellation. KDH will not restrict my treatment if I choose not to sign this authorization. A photocopy/fax of this authorization will be treated in the same way as an original. KDH records may include records that it received from other organizations. If these records have been used by KDH and filed in the record KDH maintains about you, these records may be released with your KDH records. KDH cannot prevent redisclosure of your information by the person or organization who receives your records under this authorization, and that information may not be covered by state and federal privacy protections after it is released. By signing this authorization, you release KDH from any and all liability resulting from a redisclosure by the recipient. Your signature indicates that you have read and understand this form, and authorize release of your information as described above. Patient/Legal Guardian Signature Date Name of Person Signing (if not patient)			



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Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-528-6692

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-528-6692

Chinese:

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-888-528-6692。

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-528-6692.

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-528-6692번으로 전화해 주십시오.

Lao:

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວ ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫ ຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-528-6692.

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (رقم هاتف الصم والبكم: 1-528-5669

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-528-6692

Burmese:

သတိျပဳရန္ - အကယ္၍ သင္သည္ ျမန္မာစကား ကို ေျပာပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့္အတြက္ စီစဥ္ေဆာင္ရြက္ေပးပါမည္။ ဖုန္းနံပါတ္ 1-888-528-6692 သုိ႔ ေခၚဆိုပါ။

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-888-528-6692

Japanese:

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-888-528-6692まで、お電話にてご連絡ください。

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-528-6692

Hmong:

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-528-6692

Persian:

تماس بگیرید.6692-528-588-1توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با

Swahili:

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-528-6692