



Public Health
Prevent. Promote. Protect.

AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

- INSTRUCTIONS:**
1. Complete ALL portions of this form
 2. Please include a copy of Photo ID (ie: Driver's License)
 3. If you have any questions please contact the Dubois County Health Dept. at 812-481-7056
 4. Please sign and fax to 812-481-7069

Patient's Name: _____
(last name) (first name) (middle name)

Date of Birth: _____ Previous Name (s): _____

Parent or Guardian (if under 18): _____

Address: _____ CITY: _____

State: _____ Zip Code: _____ Phone or Cell #: _____

I request and authorize the Dubois County Health Department to release immunization information from the CHIRP - Children and Hoosier Immunization registry program system to the person or agency named below. Requested information will be faxed, mailed or emailed to the below designated number or address as soon as possible, but no later than 10 working days after receipt of this signed authorization.

RECEIVING AGENCY INFORMATION

Person or agency to receive records: _____

Fax number: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person or agency email address: _____

This authorization expires 60 days after the date it is signed. A copy of this document is considered the same as the original. I further understand that I may revoke this authorization at any time by notifying the releasing organization in writing, but if I do it will not have any effect on any action that were taken before my revocation is received.

By signing this authorization, I acknowledge that I have read and understand this authorization. I understand that immunization records to be disclosed will be disclosed in accordance with this authorization.

I declare under penalty of perjury under the laws of the State of Indiana that the foregoing is true and correct, and that I am authorized to sign this release on the patient's behalf.

Signed on _____ at _____
(month/day/year) (city and state where signed)

(signature of patient/parent or legal guardian)

(relationship to patient)

Notice: The Dubois County Health Department keeps a record of immunizations utilizing the CHIRP – Children and Hoosier Immunization Registry Program system by which participating providers, health plans, vital records, and Medicaid input data. You may ask us for a copy of your children's record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so, or unless the law authorizes or compels us to do so.

The Dubois County Health Department is committed to prevention efforts that promote and protect our communities health by serving with dedication, respect, and responsibility.