

Will County Health Department Authorization for Disclosure of Immunization Records

Name _____ Date of Birth: _____

Also known as (alias) _____ authorizes

Will County Health Department, 501 Ella Avenue, Joliet, IL 60433

To release immunization records to (please enter person/facility/address in the space below):

For the Purpose of Continuity of care Dr.'s Name: _____

Other: _____

("At the request of the individual" is all that is required if the individual does not desire to state a specific purpose.) I have a right to inspect and copy the information being disclosed. I am entitled to a copy of this authorization if the Will County Health Department is seeking this authorization. This consent can be revoked by me at any time, by written notice, unless action has been taken in reliance on it.

I authorize release of my Immunization information via fax machine.

Signature _____ Date _____ Relationship _____

Witness _____ Date _____

Translator _____ Date _____

Identification may be verified to ensure identity.

This authorization expires on _____ unless I revoke it in writing by delivering a written revocation to the Will County Health Department. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as its original. If I refuse to sign this authorization, my health records/information will not be released, except as provided by law. I understand that the WCHD may not condition treatment, payment, enrollment or eligibility for benefits on my signing this authorization unless I am to receive health care solely for the purpose of creating protected health information to be disclosed to a third party or as otherwise authorized by law. I understand that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected.

Notice to Receiving Agency/Facility/Person: Under the applicable provision of the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 ILCS 110/1 et. Seq.), you may not redisclose any received information unless the person who consented to the disclosure specifically consents in writing to such redisclosure.