



MEDICAL RECORDS RELEASE
 NORTH DAKOTA DEPARTMENT OF HEALTH
 FAMILY PLANNING PROGRAM
 SFN 51939 (11-2017)

From:		To:	
Client's Name		Date of Birth	Telephone Number
Address		City	State ZIP Code
<input type="checkbox"/> Client requests that client records be released to your clinic.		<input type="checkbox"/> Client requests that client records be released to our clinic.	
<input type="checkbox"/> Client requests to hand carry records.		<input type="checkbox"/> Client authorizes communication between agencies.	
_____ Initials I understand that this may include information regarding mental health, alcohol/drug use, and HIV testing/treatment. I understand that once disclosed, information may be re-disclosed by the recipient and no longer protected.			

Send clinical notation/copy of the following:	COMMENTS
Medical History (for requests to other FP clinics)	
Last Physical Examination	
Pelvic Examination	
Breast Examination	
Pap Smear (copy of cytology report)	
Chlamydia/Gonorrhea (copy of lab report)	
Biopsy (copy of pathology report)	
Treatment Post Colposcopy	
Pap Smear Follow-up Schedule	
Other	

Pertinent Medical or Surgical History:

I understand that I may request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 12 months from the date signed below. I understand that I may revoke authorization by notifying, in writing, the Family Planning Program Manager of this agency, knowing that previously disclosed information may not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to receive services, payment or my eligibility for benefits.

I hereby request and authorize the above-identified agencies to exchange the necessary information pertinent to this request for release of records.

Client's Signature	Date
Witness	Date
Chart Number	

This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. You may not make further disclosure without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.