



Bannock County
 (208) 233-9080
 Fax Physical Health (208) 478-9297
 Fax Home Health (208) 478-6306

Bear Lake County
 (208) 847-3000
 Fax (208) 847-5238

Bingham County
 (208) 785-2160
 Fax (208) 785-6372

Butte County
 (208) 527-3463
 Fax (208) 527-3972

Caribou County
 (208)547-4375
 Fax (208)547-4398

Franklin County
 (208) 852-0478
 Fax (208) 852-2346

Oneida County
 (208) 766-4764
 Fax (208) 766-2528

Power County
 (208) 226-5096
 Fax (208)226-7145

Client Information / Consent for Release of Information Please Print or use Label

Last name _____ First Name _____ MI _____
 (/ /)
 Former name(s) if applicable _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____
 () ()
 Phone number _____ Cell or alternate contact number _____

Specific Information Requested

- All Medical Records
- Lab Reports
- X-ray Reports
- STD related or other information regarding my treatment, history, tests, or diagnosis
- HIV or AIDS related information from history, tests, diagnosis, or treatment
- Provide authorization to fax or photo copy my medical records for release or disclosure for above information. (IDAPA 16.05.051)
- History & Physical
- Other _____
- Other _____
- Dental
- Other _____
- Other _____

My Medical records may be Sent Disclosed Transferred Received To or FROM the various agencies listed below: (please print clearly)
 Written Records only Verbal Disclosure Both Written & Verbal

Physician or Clinic _____	Ph./ fax _____	Physician or clinic _____	Ph./fax _____
DME / O2 / Vendor Pharmacy _____	Ph./ fax _____	Family / Caregiver _____	Ph./ fax _____
Volunteers _____	Ph./ fax _____	Family / Caregiver _____	Ph./ fax _____
Clergy _____	Ph./ fax _____	Other _____	Ph./ fax _____
Other _____	Ph./ fax _____	Other _____	Ph./ fax _____
Other _____	Ph./ fax _____	Other _____	Ph./ fax _____
Other _____	Ph./ fax _____	Other _____	Ph./ fax _____

This request will remain in effect no longer than 12 months from the date of my signature. I understand that I have the right to revoke this consent at any time, in writing, which would prohibit further release/obtaining of said documents/information.

Client Signature or Representative _____ (legal relationship to client if applicable) _____ Date _____
 1) **Staff** Witness to client signature _____ Date _____
 2) **Staff** review of form and information _____ Date _____