



Covering Hands Home Care, LLC

2323 S 109th St Suite 200A, West
Allis, WI 53227

Wauwatosa WI 53226 Hours:9-5 M-F

(414) 249-4152 (Land Line)

(414) 292-7625 (Cell Phone)

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Authorization to Release Health Care Information

Patient's Name _____ DOB: _____

I request and authorize _____ to release
My health care information to: Covering Hands Home Care, LLC

Information needed:

- All health information (all dictated reports and/or medical records)
- History and physical
- Most current physician notes/charts noted, labs, x-rays, medications, and physical/occupational therapy notes
- Others: _____

Definition: Sexually transmitted Disease (STD) as defined by law, RCW 70.24 et seq, includes herpes, herpes simplex, human papilloma virus, wart, genital warts, condyloma, chlamydia, non-specific urethritis, syphilis, VORL, chancroid, lymphogranuloma venereuem, HIV, AIDS and gonorrhea.

Please circle the following if you agree or disagree

YES / NO I authorize the release of any STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above, and anyone who may be in contact with me during my care. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone other than my caregiver.

YES / NO I authorize the release of any records regarding drugs, alcohol, or mental health treatments to the person(s) above.

YES / NO I authorize the release of my record to be shared with all my caregiver(s).

I have been informed of my confidentiality and privacy rights and understand that my signature below is an indication of my acknowledgement to authorize the release of nay treatment, care, or medical information related to my health to Covering Hands Home Care, LLC.

I also understand that this authorization has no expiration date as long as I am still a client of Covering Hands Home Care, LLC and continue to receive services from Covering Hands Home Care, LLC. This authorization is made freely and voluntarily by me and valid unless otherwise within written notice.

Client Signature

Date