

MRN #: \_\_\_\_\_



## Release and Permission Form

Kentucky Mountain Health Alliance, Inc.



I, \_\_\_\_\_ (Client Name) do authorize the Kentucky Mountain Health Alliance, Inc. to release information on my behalf, I also give KMHA, permission to act as a liaison between my physicians, nurse, office staff, indigent pharmaceutical company, and local community, and local community resources, on my behalf.

I understand by signing the form that I have given KMHA permission to provide services and to access any medical and social needs that I might have. I also understand that KMHA will enter my information into the KMHA database and may use my medical or financial information from my records to assist me in this process.

This content may be revoked at any time, except to the extent that action has already been taken by the client/duly authorized agent and will expire automatically in one year from the date below.

Description	YES	NO
May we leave information regarding your access issues, appointments, diagnosis, treatment and follow-up on your answering machine? (Client must provide phone number.)(_____) - _____		
May we communicate information regarding your access issues, appointments, diagnosis, treatment and follow-up through email? (Client must provide email address.) _____ @ _____		

We may discuss your access issues, appointments, diagnosis, treatment and follow-up with the family member(s) and / or care giver(s) listed below.

(Please note that the client may choose some of the information or to not let any of the above be discussed.)

\_\_\_\_\_  
Name (Please Print) Phone

\_\_\_\_\_  
Name (Please Print) Phone

(This authorization applies to Kentucky Mountain Health Alliance, Inc. only and will remain in effect until I give a written notice to revoke it.)

\_\_\_\_\_  
Signature of Patient Date

\_\_\_\_\_  
Signature of Employee/KMHA Date

**Note to Staff: This form does not constitute an authorization for release of written information. Only authorized personnel may release written information pursuant to KMHA policies.** (Revised: 07/24/2023)