Dayton & Montgomery County Public Health
Prevent. Promote. Protect.

IMMUNIZATION/VACCINE RECORD RELEASE REQUEST

Name of Client: _____ Birthdate:_____

Address: _____ Telephone: _____

From Whom:	To Whom:
Name: PHDMC Medical Records Department	**Name:**
Address: 117 South Main Street Dayton, Ohio 45422-1280	**Address:**
Phone: 937-225-6462 **Fax:** 937-496-7613	**Phone:** **Fax:**
Email: mailto:medicalrecords@phdmc.org	**Email:**

Method of Delivery: (check one) ☐ **Pick-up,** ☐ **Mail,** ☐ **Fax*,** ☐ **E-mail ***

If you select the e-mail/fax option, you hereby acknowledge and accept the inherent risk associated with an unsecured transmission, which can place your information at risk of being read or accessed by someone else, and you agree that Public Health – Dayton & Montgomery County will not be responsible for disclosures that might occur in transit.

Purpose of Disclosure: ☐ to coordinate treatment, ☐ assessment information for treatment planning, ☐ information for ongoing treatment, ☐ other purpose: _____

Type of Information to be Disclosed: **Immunization Records/Vaccine Records ONLY**

By signing below, I acknowledge that I understand the following:

a. This authorization is subject to revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it. Clients can revoke consent either verbally or in writing.
b. Information authorized for disclosure above may be re-disclosed and no longer protected by Federal privacy regulations.
c. My treatment or payment for my treatment cannot be conditioned on the signing of this authorization.

_____ _____

Signature of Client or Legal Representative
(Authority: POA, Legal Guardian, Parent)

Date

Revocation

Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____. If I fail to specify an expiration date, event, or condition, this authorization will expire in one year from the date of signature.

I hereby revoke my consent: _____

Re-Disclosure: I understand that the information authorized for disclosure above may be re-disclosed and no longerprotected by Federal privacy regulations.

This facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability fordisclosure of the above information to the extent indicated and authorized herein.

(Rev. 04/25/2022eht)