WaKeeney Family Care Center **Behavioral Health HIPPA Release Form**

333 N 14th WaKeeney, KS
Phone: (785) 743-2124 Fax: (785) 261-9606

Patient Name:	DOB:	Today's Date:

The Health Insurance Portability and Accountability Act of 1996 strictly restricts the release of private health information to others. I authorize Trego County Lemke Memorial Hospital and WaKeeney Family Care Center to disclose my personal health information to the following individual(s):

Name:	Relationship:	Main Phone:
		Alt Phone:
Name:	Relationship:	Main Phone:
		Alt Phone:
Name:	Relationship:	Main Phone:
		Alt Phone:
Name:	Relationship:	Main Phone:
		Alt Phone:

Emergency Contact 1:	Relationship:	Main Phone:
		Alt Phone:
Emergency Contact 2:	Relationship:	Main Phone:
		Alt Phone:

Name of the person completing this form:	Relationship:
Signature:	Date:

This consent expires one year from today's date unless otherwise noted here _______________(blank indicates 1 year). I understand I may revoke or change this approval at any time. I understand the revocation is not retroactive or effective for disclosures that have already been made.
To revoke this authorization, I should submit a written request to:

Stephanie Buchholz, RHIT
Health Information Management

Trego County Lemke Memorial Hospital
320 N 13th - WaKeeney, KS 67672