Yuma County Detention Center

Leon N. Wilmot
Sheriff of Yuma County

Medical Department
200 W. Court Street, Yuma, AZ 85364
Tel: (928) 329-2258 • Fax: (928) 539-7889
www.yumacountysheriff.org

HIPAA Authorization for Release of Offender Medical And/or Mental Health Information

Name:_____ DOB:_____

Social Security Number:_____ Release Expires: 45 days

I hereby authorize PCP:_____ to disclose the records and information listed below for continuity of care to the Yuma County Detention Center and/or its representative(s).

_____ All recent medical records from the date of initial evaluation and treatment (including, but not limited to, the following: chart notes, billing records, labs, x-rays, psychiatric/psychological records, mental health records, drug/alcohol records, STD records, HIV/AIDS records)

_____ Psychiatric/psychological and mental health records, including psychotherapy notes from the date of initial evaluation and treatment and Medications.

_____ Drug/alcohol diagnosis/treatment/testing from the date of initial evaluation and treatment.

_____ Sexually transmitted disease diagnosis/treatment/testing from the date of initial evaluation and treatment.

_____ Other:_____

I expressly authorize and request you to disclose to the Yuma County Detention Center, or its representative(s), the information listed above, including, but not limited to, otherwise confidential information received from, provided to and/or exchanged with any and all past or present doctors, experts, lawyers, law enforcement officers, witness, prosecutors, judges, probation officers, correctional officers, counselors or any other individual.

I understand that I have a right to a copy of this authorization and to revoke this authorization in writing at any time. I understand that I do not have to sign this authorization. I understand the released information prior to my revocation may be disclosed and would no longer be protected by federal privacy regulations.

I hereby release you in your individual and professional capacity, and your business from any liability arising from the disclosure of otherwise confidential information. I agree that a copy or fax of this release shall be as valid as this original release.

Signature:_____ Date:_____

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