



Boone County Health Center

Dedicated. Caring. Here.

723 West Fairview Street
PO Box 151
Albion, NE 68620

PH. 402-395-2191
FX. 402-395-2180

HIPAA CONTACT INFORMATION

PATIENT NAME: _____ DOB: _____

_____(Initial) Boone County Health Center (BCHC) is permitted to share **any and all** medical information with the following individuals listed below, including test results, sensitive information as stipulated by the State of Nebraska, and information disclosed during hospital and/or office visits. **The following are exceptions of information I do NOT want shared:** _____

Please mark an (X) in the appropriate column if you would like to authorize someone to receive your medical and/or billing information. Also, please be sure to list your Healthcare Power of Attorney and provide BCHC a copy of your Healthcare Power of Attorney form. Thank you.

NAME	RELATIONS HIP	PHONE NUMBER	RELEASE MEDICAL INFORMATI ON	RELEASE BILLING INFORMATI ON

This is not a substitute for a Release of Information form to obtain medical records.

I UNDERSTAND AND DIRECT THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL IT IS REVOKED BY ME IN WRITING.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ MRN#: _____