



Oakland County Government
Interagency Consent And Authorization
To Release Protected Health Information

1. I grant permission to (check one or more):

- Input boxes for various departments: Circuit Court-Family Division, Community Corrections, Community Mental Health, Sheriff's Department, DHHS/Children's Village, DHHS/Health Division, Other (specify), Medical Examiner, Employment & Training, Mich. Dept. of Human Services-Oakland

To release information on:

Name of Person: \_\_\_\_\_ DOB: \_\_\_\_\_

2. This information may be released to the following (check one or more):

- Input boxes for various departments: Circuit Court-Family Division, Community Corrections, Community Mental Health, Sheriff's Department, DHHS/Children's Village, DHHS/Health Division, Other (specify): Oakland University- Graham Health Center, Medical Examiner, Employment & Training, Mich. Dept of Human Services-Oakland

3.\* What information may be released:

COVID-19 Test Results

4. For what purpose is the information to be released:

- Input boxes for purpose: To assist in the coordination and/or provision of services, Other (specify)

5. I understand that I have a right to receive a copy of this document.

6. I understand that I may withdraw this consent by written notification received by the agency head at any time before information is released. I also understand that disclosure of the above protected health information may be subject to redisclosure by the recipient and, therefore, may no longer be protected. I further understand that redisclosure of substance abuse-related information by the recipient is prohibited unless authorized by 42 CFR, Part 2.

7. Unless withdrawn in writing, this consent expires as follows:

- Input boxes for expiration: A. Date: 3/19/22, B. Event, C. Condition

8. NOTE: AIDS-related information (i.e., HIV, ARC, AIDS) and/or psychotherapy notes shall not be released unless specifically listed under Item #3 above.

Client/Parent/Guardian Signature (Relationship) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

HIPAA Acknowledgement: I have received a copy of Oakland County's Notice of Privacy Practices.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization is consistent with standards established under 42 CFR, Part 2; 45 CFR, Parts 160 and 164; and Michigan Law. No Oakland County agency may release protected health information without a current valid written authorization in its possession or as otherwise provided by law.