

LEWIS COUNTY PRIMARY CARE CENTER, INC. P.O. BOX 550 VANCEBURG, KY 41179

Authorization to Release Protected Health Information

Name		DOB	
Date of Request	Social Security Number		
By signing this authorization, I authorization (PHI) about		enter, Inc. to use and/or disclose certain	
	Name of entity to receive this inform	nation	
	ne (specifically describe the inforr	se and/or disclose the following individual mation to be used or disclosed, such as d	
The information will be used or disclo	sed for the following purpose:		
Describe each purpose for which you	are authorizing the use or disclos	Sure.	
This authorization will expire on:	Expiration date or d	ofined event	
fact, I have the right to refuse to sign	n in order to receive treatment from this authorization. When my infor	m Lewis County Primary Care Center, Inc rmation is used or disclosed pursuant to t y no longer be protected by the federal H	his
	tion must be submitted to the Priva	ent that the practice has acted in reliance acy Officer at: Lewis County Primary Car	
Signature of Patient/Guardian/Represent	ative	Relationship	
Printed Name of Patient /Guardian/Repre	esentative	Date / /	