

MANITOWOC COUNTY SHERIFF'S OFFICE
CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

<p style="text-align: center;">Individual Who Is Subject of Record:</p> Name: _____ Address: _____ City, State, Zip Code: _____ Date of Birth: _____ Identifying Number: _____	<p style="text-align: center;">Information May Be Released To:</p> Manitowoc County Sheriff's Office Jail Health Services Unit 1025 South 9th Street Manitowoc, WI 54220 Telephone: (920) 683-4340 Fax: (920) 683-4405
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(Wisconsin Statutes Section 19.35 & 19.36 Federal Regulation 42 CFR Part 2)

<p style="text-align: center;">Agency or Organization being Authorized to Release Information</p> Name of Physician/ Agency : _____ Address: _____ City, State, Zip Code: _____ Telephone: _____
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<p style="text-align: center;">List Specific Records Authorized For Release to include dates, if applicable</p> Date of Visit: _____ Record, to include notes: _____ _____ Date of Visit: _____ Record, to include notes: _____ _____ Date of Visit: _____ Record, to include notes: _____ _____

PURPOSE OR NEED FOR RELEASE OF INFORMATION IS CONTINUATION OF CARE

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated by initialing below. **(Initial One and Complete if Necessary)**

- _____ Authorization expires as of _____. (Date)
- _____ Authorization expires 12 months from the date I sign this authorization.
- _____ Authorization expires after the following action takes place: _____.
- _____ Authorization expires upon change in custody status.

As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.

Signature of Individual who is Subject of Record: _____ Date: _____

Signature of Other Person Legally Authorized to Consent to Disclosure: _____

Title or Relationship to Individual who is Subject of Record: _____ Date: _____