OAKLAND COUNTY MICHIGAN

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

1. **I grant permission to** (check one or more):
   - ☐ 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):
   - ☐ Circuit Court-Family Division
   - ☐ Community Corrections
   - ☐ Community Mental Health
   - ☐ Sheriff's Department
   - ☐ DHHS/Children's Village
   - ☐ DHHS/Health Division
   - ☐ Parent/Guardian name: _____
   - ☐ Medical Examiner
   - ☐ Employment & Training
   - ☐ Mich. Dept of Human Services-Oakland

3.* **What information may be released:**
   Certificate of Hearing and/or Vision Screening _____

   _____

4. **For what purpose is the information to be released:**
   - ☐ 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 **Unless withdrawn in writing, this consent expires as follows:**
   A. Date:_____
   B. Event:_____
   C. Condition:_____

***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.

DHHS 6/2015 (Revised)