

AUTHORIZATION FOR RELEASE OF IMMUNIZATION INFORMATION

Patient Name: _____
Date of Birth: ____/____/____
Mother's Maiden Name: _____
Street Address: _____
City/State/Zip: _____

Note: *If the patient is over the age of 18 years, the person requesting the information must be the patient or personal representative of the patient.*

I, the undersigned, hereby authorize the Kansas Department of Health and Environment (KDHE) to release all medical records and information in his/her/their possession which pertain to the immunization status of the patient named above to:

Name **OR** Organization: _____
Street Address: _____
City/State/Zip: _____
Phone Number: _____
E-Mail Address: _____
Fax Number: _____

Please indicate the method of release.

Mail E-mail Fax In Person

My KS Health Portal

Note: *This is not an option if records are being released to an organization.*

This authorization will automatically expire one (1) year from the date signed. I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon.

Signature (Patient, Parent, Personal Representative)

Relationship to Patient

Printed Name (Patient, Parent, Personal Representative)
____/____/____
Date

If you are the Personal Representative of the patient, please provide the required documentation from the list below.
Guardian - copy of Court Appointment
Treatment Monitor/Rogers Guardian - copy of Court Appointment
Health Care Agent - copy of Health Care Proxy
Department of Children & Families (DCF) or Contractor of DCF - copy of Authorization for Release of Confidential Information

Return completed form with a copy of your government issued identification to:
KSWebIZ – Immunization Program KDHE – BDCP
1000 SW Jackson, Suite 210 Topeka, KS 66612-1373
Fax - 785-559-4227
Email - KDHE.ImmunizationRegistry@ks.gov

FOR INTERNAL USE ONLY

Match Found: YES NO
If Yes, Patient ID: _____
Method of Release: FAX E-MAIL MAIL PORTAL IN PERSON
Photo ID Information
State or Country: _____
Number: _____
Expiration: _____

Staff Completing Request
____/____/____
Date