<table>
<thead>
<tr>
<th>HEALTH INFORMATION DISCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RELEASED BY (DOC EMPLOYEE/CONTRACT STAFF NAME/TITLE)</td>
</tr>
<tr>
<td>RELEASE TO (REQUESTER'S NAME/TITLE)</td>
</tr>
<tr>
<td>REQUESTER'S ADDRESS</td>
</tr>
</tbody>
</table>

Reason health information was reviewed/released:

If health information was released via copies/fax, state inclusive dates, consultations, reports, etc.:

If health information was verbally released, state what information was provided:

Health information was release by (check as applicable):
- [ ] Copies
- [ ] Fax
- [ ] Review
- [ ] Scan/E-mail
- [ ] Telephone
- [ ] Verbal

SIGNATURE – CHECK APPROPRIATE BOX:  
- [ ] Signature of patient receiving information  OR  
- [ ] Signature and stamp of person disclosing information  

DATE