



LEOFF-1 Disability Board

Authorization for Release of Information Form

Authorization for Release of Information

Many LEOFF-1 Disability Board Members have allowed authorized personnel including family members (spouses/domestic partners and children) to contact the LEOFF-1 Disability Board on their behalf. If you would like to start or continue having a designated individual submit questions or claims and request documentation or information from the Board on your behalf, please list the individuals on the back of this form and sign below. You have the right to revoke this release in its entirety, or the consent as to any individual you list on this form, at any time by submitting by e-mail or mail a signed revocation request to the LEOFF-1 Disability Board.

By signing below, I hereby authorize the City of Lynnwood LEOFF-1 Disability Board to exchange and/or release via hard copy, electronically or verbal request, my personal protected health information including but not limited to all medical records and information in the possession of the LEOFF-1 Disability Board and/or the LEOFF-1 Disability Board Secretary. This authorization applies only to the names listed on the back of this form as indicated.

Member Name: _____

Member Signature: _____ Date _____

Disclosure

Disclose my health information, as stated above, **EXCEPT FOR** the following (check as appropriate):

☐ Mental Health Records

☐ Communicable Diseases (including HIV and AIDS)

☐ Alcohol/Drug Abuse Treatment

☐ Other (please specify): _____

Persons Authorized to Receive Healthcare Information

Contact Information for Authorized Person #1

Full Name: _____
Last Name First Name

Cell Phone Number: _____

Alternative Phone Number: _____

E-Mail Address: _____

☐ Adding Contact ☐ Removing Contact ☐ Authorized recipient of my personal health information.

Contact Information for Authorized Person #2

Full Name: _____
Last Name First Name

Cell Phone Number: _____

Alternative Phone Number: _____

E-Mail Address: _____

☐ Adding Contact ☐ Removing Contact ☐ Authorized recipient of my personal health information.

Please submit the completed form to the LEOFF-1 Disability Board Secretary either by e-mail or mail.

LEOFF1@lynnwoodwa.gov

or

City of Lynnwood

Attn: LEOFF-1 Disability Board

19100 44th Ave W

Lynnwood, WA 98036