INTERAGENCY CLIENT MEDICAL INFORMATION SHEET

NORTH DAKOTA DEPARTMENT OF HEALTH
FAMILY PLANNING PROGRAM
SFN 59154 (3-2010)

Agency Requesting Information			Agency Housing Client Records		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number			Telephone Number		
Staff Person Requesting Information			Staff Person Providing Information		

CLIENT INFORMATION

Name		Telephone Number	Date of Birth	
Address		City	State	ZIP Code
Other Name Records Might Be Under				
Client Number	Date of Last Visit	Date of Last Annual Exam	Date of Last Clinic Visit	

RECENT FINDINGS

Weight	Blood Pressure	Hgb/Hct	Contraceptive Prescription
If on OC's, Number of Cycles Remaining on Current Rx			Informed Consent for Method on File ☐ Yes ☐ No
Other Information (i.e. limitations, contraindications, transient client)			
Comments and/or Finding from Agency Seeking Transient Care			

I understand that I may request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 12 months from the date signed below. I understand that I may revoke authorization by notifying, in writing, the Family Planning Program Manager of this agency, knowing that previously disclosed information may not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to receive services, payment, or my eligibility for benefits.

I hereby request and authorize the above-identified agencies to exchange the necessary information pertinent to this request for release of records.

Client Signature	Date
Witness Signature	Date

This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. You may not make further disclosure without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.