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Public Health
Prevent. Promote. Protect.

Douglas County Health Department

Authorization to Release Information:

I authorize Douglas County Health Department to release my medical information to my insurance providers, health plans, Medicare/Medicaid, or the Social Security Administration. I also authorize my insurer, plan administrator, fiduciary, or attorney to release plan documents, benefits summaries, policies, or settlement details to Douglas County Health Department upon request. This assignment and authorization remain valid for all current and future insurance providers unless revoked in writing. Revocation is effective upon receipt. A copy of this document is as valid as the original. By initialing, I confirm my understanding and agreement.