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## AUTHORIZATION TO RELEASE IMMUNIZATION RECORDS

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<hr/> Patient's First Name	<hr/> Patient's Middle Name	<hr/> Patient's Last Name		
<hr/> Patient's Date of Birth	<hr/> Patient's Previous Name(s)			
<hr/> Parent/Guardian Full Name (If patient is less than 18 years old)		<hr/> Patient or Parent Phone Number (include area code)		
<hr/> Address	<hr/> Apt. #	<hr/> City	<hr/> State	<hr/> Zip code

**I request and authorize Northeast Tri County Health District to release immunization information for the person named above to the person or agency named here:**

<hr/> First and Last Name	<hr/> Agency Name (if applicable)	<hr/> Phone Number (with area code)
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**Choose ONLY one way to receive the records.** Records will be sent as indicated below, no later than 15 business days after receipt of this signed authorization (but usually within three to five business days).

Fax records to this number: \_\_\_\_\_

Mail records to this address: \_\_\_\_\_

(Include Mailing Address, Apt. #, City, State, and Zip code)

**You MUST include an expiration date below or we cannot fill your request. This authorization expires on \_\_\_\_\_.**  
A copy of this completed document is considered the same as the original.

**I declare under penalty of perjury under the laws of the State of Washington that this information is true and correct, and that I am the patient or authorized to sign this release on the patient's behalf.**

\_\_\_\_\_  
Signature of Patient or Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

The Washington State Immunization Information System is a statewide, lifetime immunization registry that keeps track of immunization records for people of all ages to help ensure on-time immunization. Information in the system comes from the public portion of a child's birth certificate as well as immunization records from healthcare providers and health plans. If you feel the immunization record you received is incorrect or incomplete, you may ask your provider to correct it. If they can't correct it or do not have a copy of your complete immunization history, please contact The Washington State Immunization Information System at our Help Desk at 1-800-325-5599.

Please be aware that your information may not be secure once it leaves Northeast Tri County Health District. It will not be encrypted if you ask for it to be sent via email. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. Northeast Tri County Health District is not responsible for the protection of your information after sending it. You may revoke this authorization at any time by sending a written request to Northeast Tri County Health District by mail to 240 E Dominion Ave, Colville, WA 99114 or by fax to 509-684-9878. Your request to revoke will not apply to information released before we received your request to revoke.