



Keokuk County Public Health

Authorization for Release of Medical Information

Keokuk County Public Health
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Iowa state law [Iowa Code § 22.7(2) and 641IAC Chapter 7] specifies immunization and health screening/ medical information is confidential, and can only be shared with certain entities including an individual's health care provider, school, child care facility, local health department, the individuals themselves or their parent/guardian if the person is a minor.

Parents and legal guardians can access records on behalf of their children until the child turns 18. Once an individual attains 18 years of age, that person's parents can no longer request a record, but the legal adult may request the information directly. To obtain a copy of your immunization or medical record, or your child's record, please complete the following information and provide a copy of your state-issued ID (such as Driver's License). Please allow 3 - 5 working days to process record requests.

Patient Information

First Name: _____ Middle: _____ Last: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Gender: Female Male
Date of Birth: _____ Previous/Maiden Name: _____
Mother's First Name: _____ Mother's Maiden Name: _____
Document Requested: Immunization Record Medical Record

Requestor Information:

First Name: _____ Middle: _____ Last: _____
Telephone Number: _____ Fax Number: _____
Email: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____
Requestor's relationship to patient name above: Self Mother Father Guardian Other

The record you have requested is confidential under Iowa law. By signing this form, you are declaring under penalty of perjury under the laws of the State of Iowa that you are the subject of the record or the parent or legal guardian of the subject of the record and are therefore authorized to access the record. By signing this form, you verify the information listed above is true and accurate and you are authorized by law to have the record.

Printed Name: _____
Signature: _____ Date: _____

Internal Use Only

Date Received: _____	<input type="checkbox"/> Record Found, Date Sent: _____	Initials: _____
<input type="checkbox"/> Record Not Sent - Reason: _____		Initials: _____