



Wisconsin Health Fund

6200 West Bluemound Road • Milwaukee, Wisconsin 53213
P.O. Box 601 • Milwaukee, Wisconsin 53201
(414) 771-5600 • Fax (414) 771-2540

Patient:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Authorized Records Released From:

Office Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Authorized Records Released To:

Office Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type or Extent of Information to be Released: (Check all applicable categories)

- | | |
|--|--|
| <input type="checkbox"/> Medical history, examination, reports | <input type="checkbox"/> Laboratory reports |
| <input type="checkbox"/> Operation Reports | <input type="checkbox"/> Prescriptions |
| <input type="checkbox"/> Treatment or tests | <input type="checkbox"/> Consultations |
| <input type="checkbox"/> X-ray reports/films | <input type="checkbox"/> HIV test results |
| <input type="checkbox"/> Hospital records, including reports | <input type="checkbox"/> Copies of all other reports |
| <input type="checkbox"/> Mental health records | <input type="checkbox"/> Emergency Department report |
| <input type="checkbox"/> Dental records | <input type="checkbox"/> Dental X-rays |

I authorize records to be given to (list name of person): _____

Purpose or need for release: _____

This authorization will remain in effect until: _____

This authorization will be effective for dental/medical records generated to the date of signature and is valid for six months unless otherwise stated.

I understand I may revoke this authorization at any time by providing my written revocation.

Signature of Patient Date
(If signed by person other than patient, state relationship to patient)

Patient is: Minor _____ Incompetent _____ Deceased _____
Legal Authority: Parent or Legal Guardian _____ Next of Kin of Deceased _____

Witness: _____ Date: _____ Time: _____

This release is executed in conformity with Wis. Stats. 146.81-.83, 51.30, 252.15 (Note: HIV test results release must also include: 1) a listing of the statutory exceptions release of HIV test results without consent, or 2) that a list of those exceptions is available.