



**CITY OF TRAVERSE CITY**  
**AUTHORIZATION TO RELEASE HEALTH INFORMATION**  
Health Insurance Portability and Accountability Act (HIPAA)

I, \_\_\_\_\_, whose date of birth is \_\_\_\_\_, hereby authorize the use or disclosure of my health information contained in the City's records and the release of my health information as follows (attach additional sheets if necessary):

1. Provide a description of the information to be used or disclosed that identifies the information in a specific way: \_\_\_\_\_

2. The person(s), class of persons, or organization(s) that are authorized to disclose the information: \_\_\_\_\_

3. The person(s), class of persons, or organization(s) that may receive the information: \_\_\_\_\_

4. The purpose of the requested use or disclosure: \_\_\_\_\_

5. This authorization shall expire on the following date: \_\_\_\_\_

*I understand that I have the right to revoke this authorization in writing by notifying the City's Privacy Official, the City Clerk. I understand that the revocation is only effective after it is received and logged by the Privacy Official. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.*

*I understand that after this information is disclosed, the information disclosed may be subject to re-disclosure by the recipient of the information and may no longer be protected by the HIPAA privacy rule.*

*I understand that the City may not condition treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.*

*I understand that I am entitled to receive a copy of this authorization.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Sign before a Notary

***This section to be completed by Notary:***

The foregoing instrument was acknowledged before me this, the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary*

\_\_\_\_\_  
*Name of Notary*

Notary Public of \_\_\_\_\_ County, in the State of \_\_\_\_\_

Acting in \_\_\_\_\_ County, in the State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_.

RETURN BOTH PAGES TO PRIVACY OFFICIAL:

City Clerk  
400 Boardman Ave  
Traverse City, MI 49684  
231.922.4480 | [tcclerk@traverscitymi.gov](mailto:tcclerk@traverscitymi.gov)

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