

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Nov 12

U.S. Department of Justice

Federal Bureau of Prison

Certification of Identity

Privacy Act Statement. In accordance with 28 CFR Section 166.41(d) personal data sufficient to identify the individuals submitting requests by mail under the Privacy Act of 1974, 5 U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of US Department of Justice systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and/or 5 U.S.C. Section 552a(i)(3).

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to Director, Facilities and Administrative Services Staff, Justice Management Division, US Department of Justice, Washington, DC 20530 and the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103?0016), Washington, DC 20503.

Full Name Of Currently or Previously Incarcerated Individual	Register Number	Current Address
Date of Birth	Place of Birth	Social Security Number

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Justice to

release information to, OR obtain information from

Name/Facility: _____

Address: _____

City, State, Zip: _____

I understand the information is to be used for (specific reason for release of information):

Continuation of care, or Other _____

Information to be Released/Obtained: Copy of and/or information from my medical file pertaining to my evaluation and treatment received from **(dates):** _____ **to** _____ .

This is to include:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Complete Record | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> History & Physical | <input type="checkbox"/> Operative Reports |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> X-ray reports | <input type="checkbox"/> Pathology Reports |
| <input type="checkbox"/> Laboratory Reports | | <input type="checkbox"/> Actual Films | <input type="checkbox"/> Actual Slides |
| | | <input type="checkbox"/> Will be returned OR | <input type="checkbox"/> Will be returned OR |
| | | <input type="checkbox"/> Duplicates accepted | <input type="checkbox"/> Duplicates accepted |

Other: _____

Signature _____ **Date** _____

Signature of current or formerly incarcerated individual requesting the release of his/her records.