Peace Corps

Authorization for Release of Information

INSTRUCTIONS: *To be completed by the Volunteer. You must complete section 1-4 to ensure release of your medical records.*

Mail to: Peace Corps, 1111 20th St., Washington, DC 20526
ATTN: Medical Records

1

I, _____, authorize the Peace Corps Office of Medical Services to release protected health information from my medical record, pursuant to the HIPAA Privacy Rules and the Privacy Act, to:

_____
Name of Person or Institution

_____ _____
Address of Person or Institution Apt./Suite No.

_____ _____ _____
City State Zip Code

2 **FOR THE PURPOSE OF:** (Check one)

☐ continuing care ☐ school
☐ personal use ☐ other

3 **TYPE OF INFORMATION TO BE DISCLOSED:**
(Check all that apply. Unless date of exam or report specified, most recent exam or report will be released.

_____ ☐ Pre-Service health exam
_____ ☐ Pre-Service dental exam
_____ ☐ COS laboratory result
_____ ☐ Consultant Report
_____ ☐ COS health exam
_____ ☐ COS dental exam
_____ ☐ Immunization Record
_____ ☐ Other

4

I understand that the information in my medical record may include information related to sexually transmitted diseases, HIV/AIDS. It may also include information about behavioral or mental health services and/or alcohol and drug abuse treatment. I agree to have the following information released:

(Initial YES or NO)

Sexually transmitted disease _____ Yes _____ No
Mental Health Information _____ Yes _____ No
Substance Abuse/Treatment (Drug/Alcohol) _____ Yes _____ No
HIV/AIDS Information _____ Yes _____ No*

*Must submit an authorization for Release of Information for each requested release of results of HIV/AIDS information.

Privacy Act Notice and Authorization

The information requested is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq., for the purposes of locating your medical records so that they can be disclosed to you or the persons or institutions you have designated. Disclosure of this information is voluntary, but without it, the Peace Corps will not be able to locate and release your records. This information may be used for the routine uses described in the Privacy Act, 5 USC 552a, and in the Federal Register at 65 Fed. Reg. 53,722 (September 5, 2000) and 50 Fed. Reg. 1950, 1962 (January 14, 1985) regarding Peace Corps system of records PC-17 (Volunteer Records). It may also be used for compliance with the Health Insurance Portability and Accountability Act (HIPAA).

_____ _____
Printed Name Social Security Number

_____ _____
Signature Date

_____ _____
Address of Person or Institution Apt./Suite No.

_____ _____ _____
City State Zip Code