



Sokaogon Chippewa Health Clinic

3144 Van Zile Road
Crandon, WI 54520

Phone: (715) 478-5180 * Fax: (715) 478-5904

www.sokaogonchippewa.com



SOKAOGON CHIPPEWA MEDICAL INFORMATION RELEASE FORM

I hereby give the Sokaogon Chippewa Health Clinic Purchased Referred Care Program authorization to request medical records regarding myself and/or family members from our health care provider. This will streamline claims processing. All information received will be confidential under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This release is valid for one year from the date signed below.

HOUSEHOLD TRIBAL MEMBERS OVER 18 MUST SIGN BELOW

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____

BY CHECKING AND PROVIDING THE INFORMATION BELOW, I GIVE PERMISSION TO CONTACT ME VIA:

- MAIL
- CELL PHONE: _____
- E-MAIL: _____

PLEASE ATTACH COPIES OF ALL INSURANCE/OTHER COVERAGE CARD(S) (FRONT AND BACK)

Ga-na-waji Ga-wi-nug Way-ji-mooki-ji-wung Yi-ewe-meing-gun-a-sepii