

**DISTRICT THREE
GOVERNMENTAL COOPERATIVE**

4453 Lee Highway, Marion, VA 24354
276-783-8157 (phone) -- 276-783-3003 (fax)

Authorization to Collect Personal Health Information

1.) Print Name/Agency/Organization, Address, and phone number:

Name: _____

Address: _____

Phone #: _____

2.) Check (only one) box below to choose the specific personal health information you want disclosed:

- Limited information
- Information about medical/Medicare claims and/or drug plan
- Information about claims, billing or premium payments
- Other Specific Information (example; eligibility, Medicare Number)

Any Information

3.) Check (only one) box below indicating how long DTGC can use this authorization to disclose your personal health information:

- Disclose my information indefinitely
- Disclose my information for a specific period only
beginning (mm/dd/yyyy) _____ and
ending (mm/dd/yyyy) _____

4.) Fill in the name of the person(s) and agency position to whom you want your information disclosed to:

Brenda Jones, VICAP Counselor

Printed Name: _____ DOB: _____

Address: _____

Signature: _____ Date: _____