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A friendly reminder for using the Waukesha County DHHS Authorization Form to request records:

Please make sure that the Waukesha County Department of Health and Human Services Authorization for Use & Disclosure of Health or Confidential Information form includes the following information when requesting records from any provider/facility outside or within Waukesha County Department of Health and Human Services:

Section 1: Name/address of client/patient whose information you are requesting. (We can only accept one client/patient per authorization form-please use multiple authorization forms when requesting multiple members of a family) (If you are requesting a child's records, you must state your relationship on the authorization form and write their name in the client/patient line)

Section 2: Name/address of provider/facility authorized to release the information

Section 3: Name/address of individual/provider/requestor authorized to receive the information (You are able to check all three boxes to meet your needs for two-way communication) **AND** how you would like to receive your requested records

Section 4: Specific information to be disclosed (If you need something else that's not on the form, check "other" and write in what you are requesting)

Section 5: Specific sensitive information to be disclosed (Make sure you check the boxes of sensitive information you are requesting. If you need multiple types of sensitive records, then the corresponding boxes need to be checked)

Section 6: Date range of the services/information to be disclosed (This cannot be left blank. If you write "until the end of treatment", you will only get records up until a year from the client/patient signature on the authorization form)

Section 7: Purpose/reason for the disclosure of the requested records

Section 8: Explains the rights of the client/patient. When sending in or faxing a signed authorization, this page must accompany the authorization form. Clients/patients are required to receive their copy of this form unless they refuse.

Section 9: Authorization expiration date (Waukesha County DHHS authorization forms are valid for one year from the date of the client's/patient's signature on the authorization form. Once that year has passed, a new authorization form is required. When a client/patient begins a new program within Waukesha County DHHS, a new authorization is required)

Section 11: Signature of the client/patient and date the authorization was signed by the client/patient

Section 12: Signature of the client's/patient's guardian/legal representative and date the authorization was signed by the client/patient (**Proof of representation must be submitted with the authorization for records**)

Any changes made to the authorization form after the client signs it, must be initialed and dated by the client/patient or it will be considered invalid.

If the authorization does not include all of the above items, it will be returned & your request will be delayed

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