



# Public Health

## Idaho North Central District

### Designation of Certain Relatives, Friends, and Other Individuals

I agree that **Public Health - Idaho North Central District** may disclose certain portions of my health information and/or allow ordering and picking up of supplies to or by a family member, friend, or other individual indicated below. **Public Health - Idaho North Central District will disclose only information that is indicated below.**

Health information     Supply order and pickup

Health information     Supply order and pickup

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Health information     Supply order and pickup

Health information     Supply order and pickup

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Health information     Supply order and pickup

Health information     Supply order and pickup

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Health information     Supply order and pickup

Health information     Supply order and pickup

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

Client: \_\_\_\_\_

Chart #: \_\_\_\_\_