

**INSTRUCTIONS FOR FILLING OUT DD FORM 2870  
(Authorization for Disclosure of Medical or Dental Information)**

1. Patient Name
2. Patient Date of Birth
3. Patient SSN
4. From and To dates to identify the time period of the services received for which you are requesting the records. (if you are wanting a complete copy then fill in the date you entered military to present)
5. Self explanatory
6. USAMEDDAC, FT JACKSON, SC
  - a. Who is the person, clinic, agency you are authorizing release to?
  - b. The address of the entity identified in 6.a
7. What is the purpose you are releasing this information (may choose more than one).
8. Be specific of what you are wanting released (i.e. all records for the month of June 2016, Any records related to my behavioral health counseling during 2006, etc.)
9. The date the entity in item 6a is allowed to start receiving this information.
10. The date the entity in item 6a is no longer allowed to receive this information.
11. Signature of the patient/Parent for children under 18 yrs old/Individuals with a Power of Attorney authorizing release of health information.
12. Identify you are the Patient, Parent, legal guardian, etc.
13. Self explanatory
- 14 – 17. Completed by Medical Records Staff