

Consent to Release or Obtain Information Form

Instructions

1. Requests for military records information **MUST** be made by the veteran/service member in person. *POA's are not accepted.*
2. Veteran must have served on active duty at some time since 1995.
3. Records for deceased personal are no available.
4. A separate form must be used for each term of service if not concurrent
5. A separate form must be used for different branches of service.
6. Approximate time until we receive your records 7-10 working days.
7. If the record is more than 50 pages we will only provide you a CD.

Personnel with access to material contained in Military Personnel Records are subject to the following provisions:

Privacy Act of 1974 (5 U.S.C. 552a)

"Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules or regulations established there under, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000." 5 U.S.C. 552a(i)(1).

Any officer or employee of any agency who willfully maintains a system of records without meeting the notice requirements of subsection (e)(4) of this section shall be guilty of a misdemeanor and fined not more than \$5,000. 5 U.S.C. 552a(i)(2).

Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000." 5 U.S.C. 552a(i)(3).

NOTE: The amendment of the Privacy Act of 1974 includes the Computer Matching Act of 1988 (Public Law 100-503), the DoD Privacy Program (DoD 5400.11), and the DoD Privacy Program (DoD 5400.11-R).

Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law (P.L.) 104-191)

Under the statutory provisions, Congress has established criminal penalties for knowingly violating patient privacy. Criminal penalties are up to \$50,000 and one year in prison for obtaining or disclosing protected health information; up to \$100,000 and up to five years in prison for obtaining protected health information under "false pretenses"; and up to \$250,000 and up to 10 years in prison for obtaining or disclosing protected health information with the intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm.

In addition, individuals may be subject to civil suit under the Privacy Act of 1974 for damages, which occur as a result of willful or intentional actions that violate an individual's rights under the Privacy Act of 1974.

NOTE: The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the HIPAA applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those specified in the Privacy Act of 1974.



Consent to Release or Obtain Information Form

To: Medina County Veterans Service Office

John R. Kasich - Governor
Timothy C. Gorrell - Director

This is consent for release of information about:

(First, Last - Name of Veteran)

(Social Security Number/Serial Number)

(Date of Birth)

(Branch of Service)

(Dates of Service-From)

(Dates of Service-To)

Records requested: Discharge Documents OMPF Record Other: _____

I authorize

to release or obtain my **Military Personnel Records** from the Defense Personnel Records Information System (DPRIS).

This information may be used only in support of applications for benefits from the United States Department of Veteran Affairs.

I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is to be used to support applications for Veteran benefits.

This consent is valid only until:

This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner. By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

(Veteran's Signature)

(Date)

(Veterans Address)

(Phone Number)

Prohibition on re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations prohibit further disclosure without specific written consent from the person to whom it pertains. Enclosure 3

Date requested

Date download