

## Instructions for Completing DD Form 2870

1. The attached DD Form 2870, Authorization for Disclosure of Medical or Dental Information, authorizes Reynolds Army Health Clinic (RACH) to release medical information to specific individuals or yourself.

2. To complete the DD Form 2870, please follow these instructions carefully:

Block 1: Patient's name in this block.

Block 2: Patient's date of birth in this block.

Block 3: Patient's complete social security number in this block.

Block 4: Indicate the date(s) of treatment you (the patient) wants released

Block 5: Mark as appropriate.

Block 6: This block is already completed.

Block 6a: Put the name of the individual(s) that you (the patient) wishes RACH to release medical information to.

Block 6b: Put the address of the individual(s) listed in Block 6a or e-mail address if you wish to receive via e-mail.

Block 6c: Put the phone number of the individual(s) listed in Block 6a.

Block 7: Mark as appropriate.

Block 8: Write out specifically what information you want released. You (the patient) can be very specific, to include date and time of the visit, or you can give generalized instructions such as "All Medical Record or all medical information from this date to that date"

Block 9: Put the date you wish this authorization to become effective. Do not leave blank.

Block 10: Put an expiration date of this authorization or leave this blank.

Block 11: You, the patient, signs this block. The form must be signed with a physical or CAC card digital signature, not typed.

Block 12: Your relationship to patient listed in Block 1.

Block 13: Please date the form the same date as when you sign the form.

3. Once you, the patient, complete the form, please ensure that you provide a copy of identification with your form and return the completed form to below options available:

FOR ASSISTANCE please contact (580) 558-2103

Email: [usarmy.sill.medcom-rach.list.pad-opr@mail.mil](mailto:usarmy.sill.medcom-rach.list.pad-opr@mail.mil)

Fax: 580-558-2756

Address to mail DD Form 2870: Reynolds Army Health Clinic  
ATTN: Medical Records  
4301 Wilson Street  
Fort Sill, OK 73507