

RELEASE OF INFORMATION

Patient Name: _____ DOB: _____

Address: _____

I, _____, hereby authorize, _____
(Name of Requestor) (Name of Clinic/Physician you want to release your records)

to release the medical record of the above-named patient to:

Name of recipient: _____

Address: _____

Phone: _____

Fax: _____

The following records will be released (please select all that apply):

- All medical health records, including information relating to HIV/AIDS testing, sexually transmitted diseases, psychiatric disorders/mental health, drug and/or alcohol use.
- Medical billing statements and claims.

The information is being released/requested for the following purposes:

- Legal Request
- Further Treatment
- Insurance Claims
- Other (specify): _____

Prohibition on Redisclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations restrict any use of this information to investigate or prosecute any alcohol or drug patient.

This information may be used for continuation of care. I understand this authorization will expire on _____ (if no date entered, this release will expire 90 days from date signed), **or 6 months following the date of discharge**, revocation of custody or guardianship, or upon written revocation, whichever comes first.

This authorization may be revoked prior to the expiration, but not retroactively. Photostatic and/or facsimile copies of this authorization will be considered as valid as the original.

My initials above and signature below authorize the natural exchange of this information.

Signature of patient or authorized representative

Date

Relationship or status if signed by anyone other than the patient (parent, legal guardian, personal representative, etc.)