I _____, hereby authorize _____ to release protected health information, or otherwise, as indicated below to:

Name of organization or person:

Address:

City, state, zip:

Phone:

Information To Be Released:

__Treatment Status __Treatment Discharge Summary __Family & Social History
__History of Present Illness __Treatment Summary __Cost of Treatment
__Assessments/Evaluations __Medical History & Treatment Summary __Services Provided
__Consultation Reports __Psychiatric History & Treatment Summary
__Progress/Compliance Reports __Probation/Parole History & Reports __Entire Treatment Record

__Other: (specify)_____

Purpose of Release:

__Facilitate Psychotherapy __Provide information for legal action
__Coordinate Care __Referral for other treatment
__Meet terms of employment __Inform others of treatment status
__Provide follow-up information __Obtain financial benefits
__Other: (specify) _____

I understand that my records are protected under federal regulations, including the HIPPA and 42 C.F.R., and cannot be disclosed without any written consent unless otherwise provided for in the regulations. I also understand that the recipient of this information may in some circumstances re-disclose it and the information may no longer be protected by HIPPA. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it, and that my revocation must be in writing.
This consent will automatically expire at the end of one year unless otherwise indicated.

__This consent expires on _____ (can be no longer than one year from today's date).

Notice: If during the course of your treatment you choose to disclose information concerning Human Immune Deficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), that information may be contained in the records released to the above named individual or agency.

_____ _____
Signature of client or personal representative Date

_____
If a personal representative is making this request, print name and legal authority
Date of birth:_____ Client name: _____