

Authorization for Release of Information

Client Information:

Last _____ First _____ Middle _____
Address/city/state/zip: _____
Phone: () _____ Date of Birth: _____

X _____
Initial

I acknowledge and hereby consent that the released information may contain information of a sensitive and personal nature regarding myself and/or my significant others, including, but not limited to, information related to alcohol and drug abuse, sexually transmitted diseases, HIV, genetic, or psychiatric/mental health information.

Reason for release of Information: (check one)

- At client or representative's request.
- Communication between health care providers regarding client's treatment.
- Records to be copied, billed to client or representative, and forwarded to requestors.

Communication Only

I hereby authorize communication/release of information to and from the following entities:

- _____
- _____
- _____
- _____
- _____

Release of Records Only

I hereby authorize _____ to release the information identified in this authorization form and provide such information to:

Name: _____

Address: _____

Phone: () _____

Xinitial _____

Information to be released - Covering the following periods of care: (check one)

- Dates from _____ to _____.
- From beginning of treatment thru continuity of care.

Type of information to be released: (check all that apply)

- Complete records, including any and all records therein, **excluding** psychotherapy notes
- Complete records, including any and all records therein, **including** psychotherapy notes
- Other**, if not included in the above options: _____
- Information to be excluded: (please list) _____

Signature of Client or personal representative who may request disclosure

I understand that I do not have to sign this authorization, and my treatment will not be denied if I do not sign it. I understand that once information is released, the information may be re-disclosed. I hereby release and discharge Family Focus from any liability and will hold Family Focus harmless for complying with this authorization.

Signature: X _____
Relationship to client: _____

Date: _____