



Authorization To Release Health Information

Patient Information:

Name of Patient: _____ Date of Birth: _____ Chart # _____

Address: _____

City, State, Zip: _____ Phone: _____

_____ may release the following information on behalf of the patient:

- Entire Record, Financial Record, Office Visit Notes, Marketing, Psychotherapy notes, Diagnostic studies, Other

Entity or person who will send and/or receive the information:

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

- Send the information electronically. Email address: Acknowledge for email and/or text communication

This authorization shall be in effect until the information has been forwarded as requested, until the course of treatment is complete, or until revoked by the patient in writing.

Patient's Rights:

- I have the right to revoke this authorization at any time in person or in writing. I may inspect or copy the protected health information to be disclosed as described in this document. Revocation is not effective in cases where the information has already been disclosed but will be effective going forward. Information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I may refuse to sign this authorization and that my treatment will not be conditioned on signing. I understand released information may include a communicable disease diagnosis such as HIV or a diagnosis related to mental health or substance abuse.

Signature of Patient or Personal Representative: _____ Date: _____

*Description of Personal Representative's Authority (attach necessary documentation)

REVOKED
How: in person on (date) If in person, signature is required.
Signature of Patient or Personal Representative:
*Description of Personal Representative's Authority (attach necessary documentation)
In writing (place copy in patient's file)

Payment received: _____ (date) for \$ _____ by: _____ (initials) Cash Check CC

Team Member Name: _____