



## Authorization to Release Confidential Records and Information

### A. Identifying information about me/the patient

Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Name of parent/guardian (if applicable): \_\_\_\_\_ Phone #: \_\_\_\_\_

### B. Because I believe it is in my/our best interest, I authorize the release of information described below:

FROM: SOURCE	TO: RECIPIENT
Person or organization: _____	Person or organization: _____
Address: _____ _____	Address: _____ _____
Phone: _____ Fax number: _____	Phone: _____ Fax number: _____
Secure email: _____	Secure email: _____

### C. The records to be disclosed are marked by an x in the boxes below. The items *not* to be released have a line drawn through them. All episodes of care are to be included unless page numbers and/or dates are indicated.

- Inpatient or outpatient treatment records for physical/medical and/or psychological, psychiatric, or emotional illness
- Other identifying information about the service(s) rendered: \_\_\_\_\_
- |  |   |
|--|---|
| <input type="checkbox"/> Social, family, developmental histories   | <input type="checkbox"/> Information about how the patient's condition affects or has affected his or her ability to complete tasks, activities of daily living, or ability to work |
| <input type="checkbox"/> Assessments with diagnoses, prognoses, and recommendations, and all similar documents | <input type="checkbox"/> Billing records  |
| <input type="checkbox"/> Academic or educational records   |   |

### D. I authorize the transfer of these records for the following purpose(s) or uses:

- Further mental health evaluation, treatment, or care
- Treatment planning     Qualification for services or benefits
- Other: \_\_\_\_\_

### E. Signatures:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of patient                          Printed name                          Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent/guardian/representative if needed                          Printed name                          Date