

Request/Authorization to Release Confidential Records and Information

A. Person or facility: _____

Address: _____

Phone: _____

B. Identifying information about me/the patient

Name: _____

Address: _____

Phone: _____ Birthdate: _____ Social Security #: _____

Parent/guardian (if applicable): _____

Address and phone of parent/guardian: _____

C. I hereby authorize the source named above to send, as promptly as possible, the records listed below marked by an X in the boxes below. (The items not to be released have a line drawn through them.) Page numbers are indicated where appropriate. Written dates (other than those regarding inpatient admission/outpatient treatment) indicate when those records were mailed to the requester.

- Inpatient or outpatient treatment records for physical and/or psychological, psychiatric, or emotional illness or drug or alcohol abuse:

Date(s) of inpatient admission: _____ Date(s) of outpatient treatment: _____

Other identifying information about the service(s) rendered: _____

- | | |
|--|--|
| <input type="checkbox"/> Psychological evaluation(s) or testing records, and behavioral observations or checklists completed by any staff member or by the patient. | <input type="checkbox"/> Psychiatric evaluations, reports, or treatment notes and summaries. |
| <input type="checkbox"/> Treatment plans, recovery plans, aftercare plans. | <input type="checkbox"/> Admission and discharge summaries. |
| <input type="checkbox"/> Social histories, assessments with diagnoses, prognoses, recommendations, and all similar documents. | <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"/> Workshop reports and other vocational evaluations and reports. | <input type="checkbox"/> Billing records. |
| <input type="checkbox"/> Academic or educational records. | <input type="checkbox"/> Report of teachers' observations. |
| <input type="checkbox"/> Achievement and other tests' results. | <input type="checkbox"/> A letter containing dates of treatment(s) and a summary of progress. |
| <input type="checkbox"/> HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: <input type="checkbox"/> Do not release. | |
| <input type="checkbox"/> Other: _____ | |

(cont.)

