



Authorization for Release of Information

Account # \_\_\_\_\_
Date request received \_\_\_\_\_
Who received request \_\_\_\_\_

PLEASE PRINT OR TYPE ALL INFORMATION

(Physician/Clinic Name)
Authorization is given to: \_\_\_\_\_
(Name) (Address) (City, State, Zip)

To release to: \_\_\_\_\_
(Name and full address of entity records are to be sent to)

Information on patient (full name): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates of Service - From: \_\_\_\_\_ Through: \_\_\_\_\_

For the purpose of: [ ] Continuation of Care [ ] Transferring care to another physician [ ] Other: \_\_\_\_\_
(Explain other purpose)

Do you (the patient or legal representative) authorize release of psychiatric information Yes No
Do you (the patient or legal representative) authorize release of chemical dependency information? Yes No
Do you (the patient or legal representative) authorize release of HIV/AIDS information? Yes No
Do you (the patient or legal representative) authorize release of genetic information: Yes No

The following information is requested:

- [ ] Problems [ ] Medications [ ] Immunizations [ ] Allergies [ ] Chart Notes
[ ] Procedures [ ] Laboratory [ ] X-rays [ ] EKG, EEG, EMG, other tests
[ ] Other, please specify: \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Requestor's Address (Street, City, State, Zip): \_\_\_\_\_

Requestor's day time phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Permission is granted to fax the records: circle one YES NO Fax number to fax records to: \_\_\_\_\_

I understand that the information released is for the specific purpose stated above. Any other use of this information without the written consent of the patient is prohibited. I further understand that I may revoke this consent (in writing) at any time except to the extent that action has been taken in reliance on it. This consent will expire 90 days after the date of my signature unless otherwise specified.

Signature of Requestor (Patient or Legal Representative) Date of Request

Name of Witness Signature of Witness Date of Request

The patient must sign this authorization. If the patient is under 18, or is physically unable to sign, the authorization is to be signed by the patient's legal guardian or representative. In cases of mental incompetence, the legal guardian must sign.

FOR OFFICE USE ONLY:

Signature verified by: [ ] Witnessed [ ] Comparison
I.D. verified by (BPMC employee name): \_\_\_\_\_

Method of I.D. verification: [ ] State or Federal Photo ID [ ] Driver's License #

Records to be released via: [ ] In Person [ ] Mailed [ ] Faxed (with patient's permission)

The information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

## CONSENT FOR DISCLOSURE OF MENTAL HEALTH RECORDS

Mental Health and Developmental Disability Confidentiality Act (Effective January 1, 1979)

Section 4. (a) The following persons shall be entitled, upon request, to inspect and copy a recipient's record of any part there of:

- (1) the parent or guardian of a recipient who is under 12 years of age;
- (2) the recipient if he is 12 years of age or older;
- (3) the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object if the therapist does not find that there are compelling reasons for denying the access. The parent or guardian who is denied access by either the recipient or the therapist may petition a court for access to the record;
- (4) the guardian of a recipient who is 18 years or older;
- (5) an attorney or guardian ad litem who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right; or
- (6) an agent appointed under a recipient's power of attorney for health care or for property, when the power of attorney authorizes the access.

Section 5. (a) Except as provided in Sections 6 through 12.2 of this Act, records and communications may be disclosed or someone other than those persons listed in Section 4 of this Act only with the written consent of those persons who are entitled to inspect and copy a recipient's record pursuant to Section 4 of this Act.

- (b) every consent form shall be in writing and shall specify the following:
  - (1) the person or agency to whom disclosure is to be made;
  - (2) the purpose for which disclosure is to be made;
  - (3) the nature of the information to be disclosed;
  - (4) the right to inspect and copy the information to be disclosed;
  - (5) the consequences of a refusal to consent, if any;
  - (6) the calendar date on which the consent expires, provided that if no calendar date is stated, information may be released only on the day the consent form is received by the therapist; and
  - (7) the right to revoke the consent at any time.

The consent form shall be signed by the person entitled to give consent and the signature shall be witnessed by a person who can attest to the identify of the person entitled. A copy of the consent and a notation as to any action taken thereon shall be entered in the recipient's record. Any revocation of consent shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.

- (c) Only information relevant to the purpose for which disclosure is sought may be disclosed. Blanket consent to the disclosure of unspecified information shall not be valid. Advance consent may be valid only if the nature of the information to be disclosed is specified in detail and the duration of the consent is indicated. Consent may be revoked in writing at any time; any such relocation shall have no effect on disclosures made prior thereto.