

**AUTHORIZATION FOR RELEASE
OF PATIENT INFORMATION**

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Confidential Patient Information
See W&I Code Section 5328 and
HIPAA Privacy Rule CFR Section 164.508

INSTRUCTIONS: Use this form to obtain the required authorization when a request is received for patient information, unless the request received is a facsimile of this form or contains all of the required information. Obtain signature of patient or parent/guardian/conservator. If patient signs, obtain "witness signature." List the information released per this authorization on the back of this form.

The hospital shall not condition treatment or payment based on this authorization. The patient may refuse to sign the authorization. If the authorization is not signed, the information shall not be released except when required by law. Upon request, the patient may inspect or be provided a copy of the protected health information to be disclosed by this authorization.

Patient's Name _____ Birth Date _____
Month Day Year

I, _____ and/or _____
Name of Patient Name of Parent/Guardian/Conservator

hereby authorize _____
Name of Agency/Person/Organization

Address (Street, City, State and Zip Code)

to release to _____
Name of Agency/Person/Organization

Address (Street, City, State and Zip Code)

the information specified on Page 2 of this form with the knowledge that such release discloses the fact that mental health services have been/are being provided.

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The following information was released to the named party specified on the front of this form. Identify the specific dates of the reports, records, items released.

- | | | |
|---|---|--|
| <input type="checkbox"/> Entire Record | <input type="checkbox"/> Legal Information | <input type="checkbox"/> Other Evaluations/
Assessments (specify) |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Medical, Neurological
Assessment, Lab
Tests, e.g., EEG,
EKG, etc. | _____ |
| <input type="checkbox"/> Psychiatric Evaluation | | _____ |
| <input type="checkbox"/> Discharge Summary | | _____ |
| <input type="checkbox"/> Social History | <input type="checkbox"/> HIV Tests Results | <input type="checkbox"/> Conference(s) Date(s) |
| <input type="checkbox"/> Individual Treatment
Plan | <input type="checkbox"/> Results of Psychological/
Vocational Testing | _____ |
| | | _____ |
| <input type="checkbox"/> Other: | | |

Released By (Name & Title)

Date Released