

## Request/Authorization to Release Confidential Records and Information

I hereby authorize person or facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

To release information from my records. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To person or facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

for the following purpose(s):

- Further mental/medical health evaluation, treatment, or care     Rehabilitation program development or services  
 Treatment planning                       Research                       Other: \_\_\_\_\_

These records concern the time between \_\_\_\_\_ and \_\_\_\_\_.

In the boxes below, the information to be disclosed is marked by "X"

- Intake and discharge summaries \_\_\_\_\_     Medical history and evaluation(s) \_\_\_\_\_  
 Mental health evaluations \_\_\_\_\_                       Developmental and/or social history \_\_\_\_\_  
 Educational records \_\_\_\_\_                       Progress notes, and treatment or closing summary \_\_\_\_\_  
 Other: \_\_\_\_\_

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here:  Do not release HIV-related information     Do not release drug and alcohol information.

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 1 year from the date on which it is signed.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian/representative

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent, but was physically unable to provide a signature.

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date