



AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Name: _____

DOB: _____ SS#: _____

Phone: _____ Client Acct #: _____

I hereby give permission to A&M Psychiatric Services, P.A. to:

Release Information to: Yes _____ No _____

Receive Information from: Yes _____ No _____

Agency or Person: _____

Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____

The specific information to be disclosed: (choose written (W) or verbal (V) or both)

W___ V___ Psychiatric Evaluation W___ V___ Medication Profile W___ V___ Treatment Plan

W___ V___ Progress Notes W___ V___ Psychotherapy Notes W___ V___ Labs/Test Results

W___ V___ Family History W___ V___ Treatment Summary (Meds, Status, Appointments)

W___ V___ Other (Specify): _____

For the purpose: _____

I understand that I have the right to refuse to sign this authorization.

I further understand that I am agreeing to share confidential information that is protected by state and federal laws governing confidentiality of alcohol and drug abuse, mental health, and HIV client records (42 CFR Part2; FS 394; FS 381). Although anyone who receives my records from this organization is not permitted to release them to anyone else without additional written consent, I understand that A&M Psychiatric Services, P.A. cannot guarantee that subsequent re-disclosure will not occur. I hereby release A&M Psychiatric Services, P.A. from any liability which may arise as a result of the use of the information contained in copies of records released, as a result of this authorization, if such information is later used to my detriment.

This authorization is for a single _____ or continuing _____ disclosure, valid for two (2) years after the date of my signature as it appears below, or from _____, 20____ to _____, 20____.

This authorization may be revoked at any time upon written notification by the signatory or client, but revocation has no effect on action previously taken. I have been offered a copy of this authorization.

Client Signature **Date**

Legal Representative / Parent Signature **Date**

Witness Signature **Date**

Administrative Instructions

- ___ **File Only**
- ___ **Send Records to Agency or Person**
- ___ **Request Records from Agency or Person**
- ___ **Send (form, letter, etc) Now**
- ___ **Other:** _____

