



Dr. Charlene Bird

AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, _____, SS# _____, hereby give permission to _____ at _____ to:

Disclose information to: _____ AND/OR Obtain records from: _____

(Name of agency, school counselor, attorney, therapist, etc.)

(Address, city, state and zip code)

Phone: _____ Fax: _____

Extent or Nature of Information to be Disclosed:

- Psychiatric evaluation and treatment records
- Psychiatric hospitalization summaries
- Psychological evaluation/Treatment records
- Substance abuse evaluation from school
- Other (specify): _____
- Speech evaluations/treatment records
- Medical or pediatric evaluation/ treatment record
- Neurological evaluation/treatment records
- Academic testing reports or records

Purpose or Need for Information

- Psychiatric evaluation and treatment
- Psychological treatment/planning
- Other (specify): _____

I hereby authorize the periodic release of the above information to the person/facility/program identified above as often as necessary to plan for/provide care and treatment. I understand that the information to be released is confidential and protected from disclosure. I also understand that I have the right to cancel my permission to release information at any time.

My consent to release information to the person/organization/facility/program identified above, will expire when I am no longer receiving services from such person/organization/facility/program, or One year from this date, whichever occurs first.

Signature of Patient/Client

Date

Signature of Parent or Authorized Representative

Date

Signature of Witness

Date

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.