



**Authorization for Use and Disclosure  
of Protected Health Information**

**Release TO:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Medical/Financial Power of Attorney (if applicable): \_\_\_\_\_

**Release FROM:** Provider/Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Patient or Individual Identification:**

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Other Name(s) Used: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Last 4 Digits of Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Purpose of Request (Must check one):**

- Attorney/Legal Billing/Payment Treatment Planning Coordination of Services  
Insurance Certification/Authorization  
Other (specify): \_\_\_\_\_

**I Request My Records be Provided:** Paper (hard copy) Electronically vial email (except 50+ sheets too large)  
Email address: \_\_\_\_\_

**Information to be released – Covered Periods of Health Care (must check one):**

Any and all From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

**Please check type of information to be released (check all that apply):**

- Intake Assessment/Treatment Plan Psychiatric Progress Notes Summary of Treatment Report  
Other: \_\_\_\_\_

**Drug and/or Alcohol Abuse, and/or Psychiatric, and Communicable/Non-Communicable Diseases**

I understand if my medical or billing record contains information in reference to drug and/or alcohol abuse or treatment, psychiatric care in regards to drug and alcohol abuse, communicable and/or non-communicable diseases, and/or other sensitive information, I agree to its release. **Check One:** YES NO

**HIV/AIDS Records Release**

I understand if my medical or billing record contains information in reference to HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) testing and/or treatment, I agree to its release.

**Check One:** YES NO

**\*\*\*FORM CONTINUES ON OTHER SIDE\*\*\***

