

# Authorization to Release Health Care Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requester's Name (if other than patient): \_\_\_\_\_

Release Records To (check one):     SELF             PROVIDER

**SEND TO**

Name: \_\_\_\_\_

Email (required):

\_\_\_\_\_

Date(s) of Service: From \_\_\_\_\_ To \_\_\_\_\_             ALL DATES

**Information to be Disclosed** (Patient MUST initial each item requested):

\_\_\_\_\_ Psychiatric Intake

\_\_\_\_\_ Psychiatric Evaluation

\_\_\_\_\_ Psychiatric Follow Up Notes

**Important Notices:**

- Only the record types listed above are available for release.
- Records are transmitted by secure email only, either to the patient or to the receiving provider.
- Records may include sensitive mental health and substance use-related information discussed during treatment.
- Processing of medical record requests may take up to 30 days per State and Federal law.

**Delivery Method** (check one):

Secure email to patient (email listed above)

Secure email to provider (email listed above)

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_