Medical Record Release Form

Please complete the following medical release consent that will allow your provider to coordinate your care with your primary care physician.

Patient Name: ______________________________ Patient ID#____________ DOB ___________

Address: ____

Dates of Treatment: ____________________________________

This consent authorizes release or disclosure of information from the medical records of the above named patient to:

MD: ____________________________________ Phone: _____________________________

Address: ____

The information to be disclosed is limited to: (mark items to be disclosed)

- ☐ Entire Record
- ☐ Mental Health Treatment History
- ☐ Social History
- ☐ Diagnostic Evaluation
- ☐ Progress Notes
- ☐ Treatment Plan
- ☐ Psychological Testing Results
- ☐ Consultation
- ☐ Drug/ Alcohol Treatment
- ☐ Discharge Summary
- ☐ Other __________________________________

The purpose of this disclosure is for coordination of care.

Unless otherwise specifically requested, I also consent to the release of information regarding HIV/ AIDS and chemical dependency/ substance abuse. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon (i.e., information already released in reliance on a valid consent). If not earlier revoked, this consent shall expire ninety (90) days from the date of termination of services or as otherwise specified by me on: ___________________________ without express revocation.
(date, event, condition)

____ ____________________
Client Date

____ ____________________
Parent/ Guardian Date

____ ____________________
Legally Authorized Representative/ Relationship Date

____ ____________________
Staff member Date

____ ____________________
Witness Date

To the receiving party of this information: With respect to clients receiving chemical dependency services, this information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit 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.

Updated 9/8/2006