



Oakland **FAMILY** Services

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby authorize _____
(Client's name)

its Director or designee, or Medical Records Department, to release information contained in my records, including alcohol and drug abuse records protected under the regulations in 42 Code of Federal Regulations, Part 2, if any, psychological services records, if any, and social services records, if any, including communications made by me to a social worker or psychologist, and any information regarding communicable diseases and serious communicable diseases and infections as defined by MCLA 333.5131 which includes venereal diseases, tuberculosis, HIV, AIDS or ARC, if any, to the individual or organization listed. **Note: 42 Code of Federal Regulations, Part 2, prohibits redisclosure of alcohol and drug abuse records protected under the regulation.**

1. Name of person(s) or organization(s) to whom disclosure is to be made: _____

2. Specific type of information to be disclosed: (client initials to left of category)

_____ <input type="checkbox"/> Diagnosis	_____ <input type="checkbox"/> Drug/Alcohol History	_____ <input type="checkbox"/> Treatment Summary
_____ <input type="checkbox"/> Attendance	_____ <input type="checkbox"/> Mental Status Exam	_____ <input type="checkbox"/> Prognosis
_____ <input type="checkbox"/> Progress	_____ <input type="checkbox"/> Physical Examination	_____ <input type="checkbox"/> Recommendations
_____ <input type="checkbox"/> Discharge Summary	_____ <input type="checkbox"/> Photos	_____ <input type="checkbox"/> Other _____
	_____ <input type="checkbox"/> Audio/Videotapes	_____

3. The purpose and need for such disclosure:

<input type="checkbox"/> Provision of Behavioral Health Services	<input type="checkbox"/> Billing Purposes	<input type="checkbox"/> Aftercare Planning
<input type="checkbox"/> Continuity of Treatment	<input type="checkbox"/> Significant Other Involvement	
<input type="checkbox"/> Other _____		

4. This consent can be revoked at any time by providing written notification to the President or designee except to the extent that information has already been released. Any consent for release of information or records shall end when the purpose for release has been achieved.

5. Without expressed revocation, this consent expires for the following specified reasons: (Client initials to left of category)

A. _____ Date _____
or _____

B. _____ Event _____
or _____

C. _____ Condition _____

Witnessed by

Date Witnessed

Client's Signature

(and Parent or Guardian's Signature where appropriate)

Date Signed

Birth Date of Client

Social Security Number of Client

Copy to Client