Authorization to Use and Disclose

Health Care Information

Client name: _____ Date of birth: _____

Previous name: _____

Please release health care information to:

Name and Organization: _____

Address: _____

City, State: _____Zip Code: _____Phone: _____

By signing this Authorization, I authorize _____ to use or disclose the following health information (*check only one box*):

☐ All Health Information about me, including my clinical records, created or received by _____. This information may include, if applicable:

- Information about mental health diagnosis or treatment including psychotherapy notes.
- Information about diagnosis or treatment for alcohol or drug abuse.
- Information about HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative).
- Information about diagnosis or treatment of Sexually Transmitted Disease(s).

☐ All Health Information about me as described in the preceding checkbox, *excluding* the following:

_____

☐ Specific Health Information *including only*:

_____

For the Purpose(s) of: _____

This authorization ends: (check only one box) ☐ in one (1) year

☐ when the following occurs: _____

Other Important Information

I may refuse to sign or cancel this Authorization at any time, in writing, as allowed by law. This will not affect any actions already taken by _____ in reliance upon my original request. There are three ways to cancel this Authorization:

1) Sign and date a revocation form. This form is available from (physician or clinic); or
2) Write, sign and date a letter to the (physician or clinic) to cancel the authorization; or
3) Sign, date and write "CANCEL" on this original form

I hereby release _____ from any and all legal liability that may arise from the use and disclosure of information as set forth in this Authorization.

_____ _____ _____

Signature of client or legally authorized representative Date Time

_____

Relationship if signed on behalf of the client by parent, legal guardian, personal representative, etc.