

Example of Consent Form For The Release of Information

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize _____
Name of Patient or Guardian

to disclose to _____ the following information:

- _____ Discharge Summary
- _____ Psychological Evaluation
- _____ Consultation Reports
- _____ Progress Notes
- _____ Education Information
- _____ Other _____
- _____ All Information

Exchange of information by: _____ Telephone _____ Correspondence
Information is to be two-way _____ Yes _____ No

I, the undersigned, understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose, confidentiality may be protected by federal law. If so, federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. **FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.**

DATE: _____

Patient's Signature

WITNESS: _____

Signature of Parent, Guardian or Authorized Representative