



**Release of Confidential Information**

This release of confidential information authorizes Willowbrook Mental Health LLC to send and/or receive information on behalf of:

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

Who do you want Willowbrook Mental Health LLC to release information to or receive information from?\*

\_\_\_\_\_  
\*The name of the company/person that you are authorizing to receive or communicate information

Institution Address: \_\_\_\_\_  
Street City State Zip

Institution Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Institution Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Would you like all information released FROM Willowbrook Mental Health LLC? Yes / No

If no, what specific information would you like released? (ex: discharge summary, medications, alcohol/drug assessment, intake assessment, physiological evaluation, clinical notes, recommendations, referral information, verbal information):

\_\_\_\_\_  
\_\_\_\_\_

Would you like all information released TO Willowbrook Mental Health LLC? Yes / No

If no, what specific information would you like released? (ex: discharge summary, medications, alcohol/drug assessment, intake assessment, physiological evaluation, clinical notes, recommendations, referral information, verbal information):

\_\_\_\_\_  
\_\_\_\_\_

The purpose of exchanging information is:

\_\_\_\_\_ Coordination of Services

\_\_\_\_\_ Other: \_\_\_\_\_

**This consent is active for the duration of treatment or until terminated by the client.**

\_\_\_\_\_  
Signature of Patient/Guardian Date

**Notice Disclosure**

This information has been disclosed to you from the records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is NOT sufficient for this purpose.