



AUTHORIZATION FOR RELEASE OF INFORMATION

_____ authorize Midlothian Behavioral Health Associates, LLC to Release to
(Name of Patient) Obtain from

Name: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

The following information from their records:

- | | | |
|--|--|--|
| <input type="checkbox"/> ALL | <input type="checkbox"/> Medications | <input type="checkbox"/> Lab Results |
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Medical/Physical Records | <input type="checkbox"/> Neurological Information |
| <input type="checkbox"/> Psychiatric Evaluations | <input type="checkbox"/> Substance Abuse Assessments | <input type="checkbox"/> Consumers presence in treatment |
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Rehabilitative Services | <input type="checkbox"/> Discharge summary |
| <input type="checkbox"/> Developmental Information | <input type="checkbox"/> HIV/AIDS Information | <input type="checkbox"/> Other: _____ |

Dates of treatment/services: _____

Specific purpose or need for use/disclosure is: Diagnosis/Treatment Coordination of Care Other: _____

The mechanism used to disclose the information is noted as: Written Verbal

As the person signing this authorization, I acknowledge that I am giving permission to the providers of to disclose and use protected health information. I further acknowledge that:

- My health information is protected by federal regulation and state privacy laws, and disclosure is allowed only with my authorization except in limited circumstances described in Midlothian Behavioral Health's Privacy Notice.
- I understand that treatment services are not contingent upon my decision concerning the signing of this release.
- This release is valid until noted otherwise.
- I have the right to revoke this authorization in writing at any time, but it is not retroactive to information already released in accordance to the authorization.
- I understand that if I request records to be sent via email, MBHA is not responsible for possible email interference.

Date of Birth: _____ **Phone:** _____ **Last 4 of SSN:** _____

Signature of individual or legally authorized representative

Relationship

Date Signed