

Chelmsford Behavioral Health LLC
PRINCETON ST. SUITE 304 NORTH
CHELMSFORD, MA 01863

PH: (978) 455-3141
Fax: (978) 455-3069

Medical Records Should:

Request Outside Records
Send OUT Records
File

Release of Information

Patient Name: _____ DOB: _____

I understand that all behavioral health records are confidential and protected from unauthorized disclosure.

I authorize Chelmsford Behavioral Health to (choose all that apply):

Obtain information from

Release information to

Have ongoing verbal communication

NAME/AGENCY: _____	PLEASE SEND RECORDS TO: Chelmsford Behavioral Health LLC 73 Princeton st. suite 304 North Chelmsford, MA 01863 <u>support@chelmsfordbehavioralhealth.com</u> PH: (978)455-3141 FX: (978)455-3069
ADDRESS: _____	
TELEPHONE: _____	
FAX: _____	

DATES TO BE OBTAINED/RELEASED RECORDS (IF KNOWN)		FROM:	TO:
Intake/Admission Summary	Medication List/History		Mental Health Records
Discharge Summary	Test/Lab Results		Treatment Plan
Medical/Psychiatric evaluation	Education Plan		History and Physical
Treatment summary	One Health-PCP Notes		Others

UNDERSTAND THAT ANY INFORMATION OBTAIN OR RELEASED MAY INCLUDE SUBSTANCEABUSE, HIV, AIDS, OR TESTS FOR HIV AND MENTAL HEALTH RECORDS.

I certify and acknowledge that this release is signed voluntarily. I understand this release may be revoked by me sending a written notice to Chelmsford Behavioral Health, LLC and will become effective the date they receive the notice. This release is valid for a period of one year, unless notice of revocation is received.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality. A photo static/fax copy of this authorization shall be considered as effective and valid as the original. I accept the risk of misdirected information (release authorization or records) via a misdialed phone number.

Patient's Signature

Date

Parents/Guardian (s) Signature

Date

Witness Signature

Date