



# Family Behavioral Health Services®

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## Authorization to Release or Receive Information

**PATIENT GUARDIAN MUST COMPLETE ALL REQUIRED INFORMATION & PLEASE PRINT**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

I \_\_\_\_\_, the above named patient/Guardian hereby authorize

Family Behavioral Health Services, LLC and/or, \_\_\_\_\_  
Family Behavioral Health Provider(s) Name

**To Obtain      To Release      To exchange      (please circle all that pertain)**

**Information with the Provider/Person and/or the Facility named below,**

Provider/Person Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to above patient: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Information that is being requested: All records      Lab Reports      Last appointment      Hospital discharge  
Other: \_\_\_\_\_ (Please circle one)

**Purpose and need for this disclosure: Continuity of treatment      Other: \_\_\_\_\_**

**I UNDERSTAND AND ACKNOWLEDGE THAT THIS AUTHORIZATION EXTENDS TO ALL OR ANY PART OF THE RECORDS DESIGNATED ABOVE, WHICH MAY INCLUDE DOCUMENTATION OF TREATMENT FOR PHYSICAL AND MENTAL ILLNESS, ALCOHOL/DRUG ABUSE AND/OR HIV TEST RESULTS OR DIAGNOSIS. I EXPRESSLY CONSENT TO RELEASE OF THE INFORMATION THAT I HAVE DESIGNATED ABOVE. THIS CONSENT MAY BE REVOKED BY ME IN WRITING, AT ANY TIME UNLESS ALREADY ACTED UPON. THIS CONSENT SHALL EXPIRE 180 DAYS (6 MONTHS) FROM THE DATE OF THE SIGNATURE.**

\_\_\_\_\_  
SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
IF GUARDIAN RELATIONSHIP TO PATIENT

\_\_\_\_\_  
SIGNATURE OF WITNESS

William T. Elwood, LPCC-S, MAC, CCMHC, SAP      Linda L. Elwood, LPCC      Stephanie Marder, LPC      Allison Begovic, LPCC  
Casey Toohig, RN, LPCC      David Riccardi, LPCC, LICDC      Peter G. Kontos, DO      Laura Moyer, Med, MSN, RN, PMHCNS-BC      Misty Kluk, LPCC  
Ronald Colonna, LPCC-S, CCMHC      Susan W. Kahan, LPCC      Susan Marder, LPCC      Peter Golden, MD      Tammy Cappadona-Kloss, LPC  
Jennifer Morris, Business Manager