



Authorization to Release/Exchange Confidential Information

Name of Patient: _____

Date of Birth: _____

I, (print name) _____, the undersigned, authorize AT Psychiatry, PLLC, the release of, or request access to the following protected health information specified below from the medical record(s) of the above name patient.

- _____ treatment dates and summaries
- _____ history/intake
- _____ diagnoses
- _____ psychiatric evaluation/medication history/test results
- _____ other (specify) _____

For the purpose of:

- _____ evaluation/assessment and/or coordinating treatment efforts
- _____ other (specify) _____

To:

Name: _____
(Doctor, Hospital, Attorney, Insurance Company, Individual other than self, etc.)

Contact Number: _____

Address: _____

Fax (if known/optional): _____

This consent will automatically expire one (1) year after the date of my signature as it appears below, or on the following earlier date, condition, or event: _____.

I understand that my records are confidential and cannot be disclosed without my written authorization, except when otherwise permitted by law. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and is no longer protected. I understand that the specified information to be released may include information regarding any health conditions such as but not limited to drug or alcohol abuse, mental illness, or communicable disease, including HIV and AIDS.

I understand I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released). **By signing this form, I hereby authorize the release of my personal health information and records as provided above.**

Signature of Client

Date: _____

Signature of Guardian (if patient is under the legal age of 18 years old)

Notice: This form cannot be used for the re-release of confidential information provided to AT Psychiatry, PLLC, by other individuals or agencies. Such requests should be referred to the original individual or agency.