



Authorization to Release Information

_____ I authorize Institute for Personal Development to request records from the following office:

_____ I authorize Institute for Personal Development to release records to the following office:

(Name of Facility or Clinician)/Nature or Relationship to Patient

(Address)

(City, State, Zip)

(Phone Number)

(Fax Number)

The following information on _____

(Patient's Name)

(Date of birth)

Please release the following information (or specify):

_____ Verbal Information

_____ ALL INFORMATION

_____ Medical Records

_____ Lab Results

_____ Medical History/Physical

_____ Treatment Plan/Patient Progress

_____ Psychologist Evaluation

_____ Discharge Summary

_____ Social History

_____ Results of Drug and Alcohol Treatment or Testing

_____ Prescription/Sample Pick-Up

_____ Mental Health Records

_____ Other (specify) _____

For the Purpose of: _____

Approximate Dates of Service: _____

Release Expiration Date: _____ **Not to exceed 90 days** (Consent subject to revocation at any time.)

This authorization provides that:

- I may revoke this authorization at any time, provided that the revocation is in writing to the Privacy Officer at this practice, except if this practice has taken action relying on this consent or if the authorization was obtained as a condition of obtaining insurance coverage.
- Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer be protected by HIPAA privacy rules.
- This practice will not condition treatment on my providing authorization for the requested use or disclosure.
- I have the right to access my protected health information to be used or disclosed.

Signature of Patient/ Responsible Party if Minor

Date

Signature of Witness

Date

Signature of Clinician #1

Date

Signature of Clinician #2

Date

Signature of Clinician #3

Date

*** There is a standard processing fee of \$30.00 for any medical records that are released
All patients 12 years of age or older need to sign this authorization to release.***