

TUOLUMNE ME-WUK INDIAN HEALTH CENTER

AUTHORIZATION FOR DISCLOSURE FORM

Name of Clinic: \_\_\_\_\_

PATIENT/CLIENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

AKAs \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (if different) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell/Message # \_\_\_\_\_

PURPOSE OF REQUEST  Continuing Care  Personal  Medical Access  Other \_\_\_\_\_

TREATMENT DATE \_\_\_\_\_

RECORDS REQUESTED FROM

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Entity \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

RECORDS TO BE GIVEN/SENT TO

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Entity \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

THE FOLLOWING INFORMATION IS TO BE DISCLOSED (Please check appropriate box)

- History & Physical Exams  Laboratory Results  Radiology Reports
 Progress Notes  Immunizations Records  Medication Records  Nursing Notes
 Psychiatric Treatment Summary  Psychotherapy Summary (Other than psychotherapy notes)  Diagnoses Summary
 Behavioral Health Treatment Plan  Discharge Summary  Substance Abuse Treatment Plan  Drug Test/Result
 Group Therapy Summary  Alcohol/Drug Treatment/Referral Other \_\_\_\_\_

SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_

Staff Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Would you like a copy of this completed form?  Yes  No

Copy of completed Authorization requested and mailed:  Yes Date \_\_\_\_\_

RIGHT TO REVOKE: I understand that I have ethe right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization. INT: \_\_\_\_\_

Expiration: Unless otherwise revoked this authorization will expire in one (1) calendar year from the date it was signed.