

GRANT-BLACKFORD MENTAL HEALTH, INC.

505 Wabash Avenue * Marion, Indiana 46952 * phone (765) 662-3971 fax (765) 668-6718

A UNITED WAY AGENCY

AUTHORIZATION FOR RELEASE OF INFORMATION

Client Full Name : _____ Phone Number: _____

DOB _____ SSN: _____

Address: _____

City: _____ State: _____ ZIP: _____

I Hereby Authorize: Grant Blackford Mental Health, INC to (check one)

[] RELEASE Mental Health and/or Substance Use/Abuse or Addiction INFORMATION TO

[] REQUEST Mental Health and/or Substance Use/Abuse of Addiction INFORMATION FROM

by: MAIL RECORDS [] FAX RECORDS [] BY PHONE [] PICK UP []

Agency/Person : _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Purpose of Disclosure: [] Continuity of Care [] Other (please specify) _____

The information to be release verbally and/or in writing is indicated by the INITIALED areas below, in order to protect your confidentiality – please do not “X”

- | | |
|---------------------------------|-------------------------------------|
| _____ Assessment(s) | _____ Discharge Summary/Termination |
| _____ Psychological Testing | _____ Treatment Plan(s) |
| _____ Psychiatric Evaluation | _____ Med Clinic Notes |
| _____ Progress Notes/Case Notes | _____ Other: _____ |

[] I authorize the release of communicable disease information, which may include HIV/AIDS information. (requires Client's signature) _____.

Specify the treatment period of the information to be released: _____

I hold harmless Grant Blackford Mental Health, INC. in regard to use of information authorized for release or exchange. I understand that this form is not required as a condition for treatment and that it may be revoked by me in writing at any time, except to the extent that action has already been taken.

This consent will expire at the end of 180 days. The expiration date is:_____

Signature of client (parent, guardian, or legal representative) _____ Date Signed

If signature other than client, indicate relationship to client: _____

Signature of Witness

Note: The information received or forwarded to a receiving agency understands that the information shared is confidential according to State Law 16.39.1-8 and/or Federal Law 42 CFR Part 2.