

209-AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

EDOM THE DECORDS OF						
FROM THE RECORDS OF:						
NAME:		DATE:				
DATE OF BIRTH:	SOCI	ALSECURITY NO				
		E SECORET I IVON				
I AUTHORIZE ALTERNATIVE DATE	HG ING TO	DELEASE TO				
I AUTHORIZE ALTERNATIVE PAT	HS, INC., 1O: □	RELEASE TO	☐ OBTAIN FROM			
Facility/Individual:						
Address:	City & State:		Zip			
Phone:	•		_			
I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION :						
☐ Diagnosis/Tx dates ☐	Progress Notes	☐ Assessments				
☐ Discharge Summary ☐	Tx Plans	Other				
I understand and acknowledge that the med						
drug/alcohol abuse, HIV test results, a diagnosis of AIDS or an AIDS related condition and I expressly consent to the release of any such information contained in the records.						
Release format: ☐ Verbal ☐ Wi	ritten Amount of	Information	Release format:			
(specify dates/quantity)						
release formation is versus is with						
PURPOSE OR NEED FOR INFORMA		(specify dates/quantity)			
	ATION:		specify dates/quantity)			
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PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES:	ATION:(Date or specific ac	tion)	specify dates/quantity)			
PURPOSE OR NEED FOR INFORMA	ATION:		specify dates/quantity)			
PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES: Client Signature	ATION:(Date or specific ad	Witness Signature	specify dates/quantity)			
PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES:	ATION:(Date or specific ad	tion)	specify dates/quantity)			
PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES: Client Signature Legal Guardian Date of the property	Date Trom records protected	Witness Signature Relationship by Federal Confidentialit	Date y Rules (42 CFR Part2.) The			
PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES: Client Signature Legal Guardian This information has been disclosed to you Federal rules prohibit you from making any permitted by the written consent of the person	Date from records protected of further disclosures of too to whom it pertains o	Witness Signature Relationship Dy Federal Confidentialithis information unless for as otherwise permitted	Date y Rules (42 CFR Part2.) The urther disclosure is expressly by 42 CFR Part 2. A general			
PURPOSE OR NEED FOR INFORMADATE AUTHORIZATION EXPIRES: Client Signature Legal Guardian Date This information has been disclosed to you Federal rules prohibit you from making any	Date from records protected or further disclosures of too to whom it pertains on their information is NOT	Witness Signature Relationship Dy Federal Confidentialithis information unless for as otherwise permitted sufficient for this purpose	Date y Rules (42 CFR Part2.) The urther disclosure is expressly by 42 CFR Part 2. A general se. The Federal rules restrict			
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Original to agency releasing information, Copy to agency receiving information.