

## Authorization and Consent for Release of Information

Parent/Guardian Name \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby give authorization to Melody Midoneck to share \_\_\_\_\_ and/or \_\_\_\_\_ obtain information regarding the records of the above named child to/from the following agency or person:

_____	_____
Name of Agency or Person	Telephone
_____	_____
Address	Fax
_____	

The information to be released/obtained is to include:

Inpatient _____	Complete _____	Medication Record _____
Outpatient _____	History _____	Progress Notes _____
Emergency Room _____	Final Summary _____	Consultation Report _____
Other _____	Psych. Testing _____	Lab Testing _____

I understand that I may revoke this consent at any time except to the extent action has been taken reliance thereon, and will otherwise expire on \_\_\_\_\_.

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal Regulation (42 CFR-Part 2) prohibits you from making any further disclosure of it without the specific written consent of/to the person to whom it pertains or otherwise permitted by such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose. The information shared may consist of information pertaining to substance abuse/use, HIV/AIDS, physical or psychiatric health or legal involvement and is to be held in the strictest confidence.

Signature of Patient/Parent/Guardian \_\_\_\_\_

Witnesses By \_\_\_\_\_ Date \_\_\_\_\_