

**RELEASE OF INFORMATION
INCLUDING AIDS, AIDS-RELATED, DRUG AND/OR ALCOHOL ABUSE
AND PSYCHIATRIC CARE OR TREATMENT**

TO: _____ Patient's Name: _____
_____ Date of Birth: _____
_____ Date of Treatment: _____
_____ Social Security No.: _____

1. I hereby authorize and request you to permit _____

_____ to examine or receive a copy (in summary form) of any and all records, reports and charts, including X-rays, pertaining to your diagnosis, care, treatment of AIDS, AIDS-Related conditions, drug/ alcohol abuse, psychiatric care or treatment, and / or surgery. You are authorized to deliver such information in person, via regular U.S. Mail, or via facsimile transmission. I understand that the information forwarded via regular U.S. Mail or via facsimile transmission may be viewed by someone other than the intended recipient and hereby release you from any liability as a result of such transmission.

2. The information to be released is limited as noted below. If there are no limitations, state "none."

3. The above information is released for the following purpose and that purpose only. Any other use is forbidden.

- _____ Insurance or other third party reimbursement
- _____ Continuity of medical care
- _____ Pending legal action
- _____ Personal review
- _____ Other (specify) _____

4. I understand that numbers 1, 2 and 3 must be filled in completely before any records will be released.

This consent will expire sixty (60) days after the date below or sooner at my election in writing.

Date: _____
Signature _____

Parent / Legal Guardian / Next of Kin, Administrator of Estate

PROHIBITION OR REDISCLOSURE: The information has been disclosed from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit anyone from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.