



THE MIND & BODY CONSORTIUM

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

READ CAREFULLY

In compliance with Federal Regulations (42 U.S.C. 4582 and 21 U.S.C. 1175) and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 C.F.R. parts 160 and 164)

☆ **Client Name:** _____ **Birthdate:** _____

☆ **Address:** _____
Street Address City State Zip Code

☆ **Telephone Number(s):** _____

☆ **RELATIONSHIP TO CLIENT:** _____ Self _____ Parent _____ Legal Guardian _____ Other (specify) _____

☆ I hereby authorize **The Mind and Body Consortium, LLC** to:

_____ Talk with _____ Release record information to _____ Obtain record information from

☆ _____
Name of Agency/Company

☆ _____
Address City State Zip Code

☆ _____
Telephone Number Fax Number

☆ **INFORMATION TO BE RELEASED:**

_____ Initial Psychiatric Evaluation _____ Psychiatric Progress Notes _____ Medication Education Form

_____ Initial Therapist Evaluation _____ Therapist Progress Notes

☆ **PURPOSE OF DISCLOSURE:** _____ Continuation of Care _____ Consultation _____ Attorney

_____ Other (specify) _____

☆ _____
Signature Date

☆ **COPY TO CLIENT:** _____ Accepted _____ Declined

☆ **URGENCY TO RELEASE:** _____ Immediately Send _____ Wait for Request from other party

FOR OFFICE USE ONLY:

Signature of Witness Date

THIS CONSENT EXPIRES ON: _____ or one year from date of signature if no date is specified.

I understand that these records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, part 2, if applicable, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that, except in limited circumstances, DSAMH may not condition my treatment on whether I sign an authorization form.