



AUTHORIZATION TO RELEASE INFORMATION

NAME: _____ DOB: _____ SSN: _____

Hereby authorizes _____ to the following (initial all that apply)
via the following means:

_____ RELEASE TO _____ OBTAIN FROM _____ Electronic _____ Verbal _____ Written

Name: _____ **Relationship:** _____

Agency: _____

Address: _____

Phone: _____ **FAX:** _____ **e-mail:** _____

Specific Information to be RELEASED or OBTAINED (initial all that apply):

	Assessment		Medications		Peer Support Notes
	Treatment Plan		Discharge Summary		Nursing Notes
	Progress Notes		Crisis Evaluation		PACT notes
	Medical Notes		Group Home Notes		Crisis Facility Notes
	Consults		Day Treatment Notes		Safety Plan
	Presence in Treatment		Case Management Notes		Other

_____ I understand this could include information related to AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Syndrome Virus), Psychiatric or Mental Health Care, Treatment for alcohol and/or drug abuse.

PURPOSE FOR DISCLOSURE:

_____ I 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, and that in any event, this consent expires automatically after one year or as follows, whichever is sooner:

(Specify the date, event, or condition upon which this consent expires)

_____ To revoke this authorization, I must submit a written request to Western Montana Mental Health Center. I understand that the revocation will not apply to information that has already been released in response to this authorization.

_____ I understand that generally Western Montana Mental Health Center may not condition my treatment on whether I sign a consent form, but that I may be denied treatment if I do not sign a consent form for treatment or payment.

_____ I understand that any disclosure of information carries with it the potential for an unauthorized disclosure and the information may no longer be protected by federal confidentiality rules.

_____ I have received a copy of this authorization and the Privacy Rights Notice.

CLIENT SIGNATURE: _____

Date: _____

GUARDIAN SIGNATURE: _____

Date: _____

WITNESS SIGNATURE: _____

