

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Wyandot Behavioral Health Network, Inc. / Wyandot Center / PACES / RSI

Medical Records, 1301 North 47th Street, Kansas City, KS 66102 P: (913) 328 – 4689 F: (913) 563 - 6596

Client Name: _____ **Other Names Used:** _____

Phone #: (_____) _____ - _____ **DOB:** ____/____/____ **Last 4 Digits of SSN:** _____

Name of Party Releasing Information To/Obtaining Information From:

Name: _____ **Phone:** (_____) _____ - _____

Address: _____ **Fax #:** (_____) _____ - _____

City/State/Zip: _____

Information to Release (*Initial below all that apply):

<input type="checkbox"/> To Exchange Information with	<input type="checkbox"/> To Disclose Information to	<input type="checkbox"/> To Obtain Information from
<input type="checkbox"/> Intake Assessment	<input type="checkbox"/> Medications	
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Progress in Treatment	
<input type="checkbox"/> Psychosocial Assessment	<input type="checkbox"/> Progress Notes from ____/____to ____/____	
<input type="checkbox"/> Psychiatric Assessment	<input type="checkbox"/> Entire Medical Record	
<input type="checkbox"/> Diagnostic Review	<input type="checkbox"/> School Records	
<input type="checkbox"/> Verbal and/or written communication: <input type="checkbox"/> Clinical <input type="checkbox"/> Financial	<input type="checkbox"/> Other (please specify): _____	
	<input type="checkbox"/> Date range of records to be released ____/____to ____/____	

By signing this document, you are acknowledging that sensitive information regarding alcohol/drug abuse treatment/referrals, sexually transmitted diseases; mental health information and/or HIV/AIDS related treatment or status could be included in your record and may be disclosed as a result of your execution of this authorization.

The Purpose or Need for the Disclosure (*Initial below all that apply):

Evaluation Coordination of Care Legal Proceedings School Placement or Assessment

Other: _____

Expiration Date: ____/____/____

This authorization (unless expressly revoked) will remain in effect until the designated expiration date or event (not to exceed one year from the date of the signature). I have the right to revoke this authorization, in writing at any time, except to the extent that Wyandot Inc. has already taken action in the reliance on it. Only the information specified can be released to only the specified person/agency. Information used or disclosed under the Authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability Act Privacy Rule (45 C.F.R. Part 164) and the Privacy Act of 1974 (5 U.S.C. 552a). Wyandot Inc. cannot ensure the recipient will maintain confidentiality of this information I have authorized to be released.

Printed Name of Client

Printed Name of Parent/Guardian/Representative

_____/____/_____
Signature of Client Date

_____/____/_____
Signature of Parent/Guardian/Representative Date

Relationship: _____

_____/____/_____
Signature of Witness Date

Staff requesting records release

NOTICE TO RECIPIENT: PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U. S. C. 290dd-3 and 42 U. S. C. 290ee-3 and Title 42 Code of Federal Regulations). Federal regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of these records without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. 42 C.F.R Part 2 restricts use of substance abuse information to criminally investigate or prosecute any alcohol or drug abuse patient.

For Internal Use

6/2018

Mail ROI File Send Records

RECORDS SENT: _____

CHART # _____ **DATE SENT** ____/____/____ **TIME:** ____:____A/P **BY** _____