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AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Client Name _____ Date of Birth _____ Social Security Number _____

I hereby authorize ACES to: _____ Release to _____ Obtain from _____

Person or Facility _____

Phone: _____ Fax: _____

Address: _____

For the following purpose(s):

Continuity of Care Client's request Pending legal action

Other _____

These records concern the time between _____ and _____

The information to be disclosed is marked by an X in the boxes below:

Intake and discharge summaries Medical history and evaluation(s)
 Mental health evaluations Developmental and/or social history
 Educational records Progress notes/treatment summary
 Telephone consults Other _____

HIV related information and drug and alcohol information contained in these records will be released under this consent unless indicated here: **DO NOT RELEASE.**

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer have a legal right to contest a claim.

I understand that services are not conditioned upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule. This consent will expire _____

Signature of Client _____ Date _____

Signature of Parent/Guardian/Representative _____ Date _____
(If client under age 18)

To Recipient: This information has been disclosed to you for your records alone. Confidentiality is protected by Federal Law. Federal Regulation 42FR, part 2, prohibits you from making any further disclosure of this information, in writing or otherwise, without the specific written consent of the person whom it pertains or as provided by such regulations.