

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Patient's Name: _____ Address: _____
Phone: _____
DOB: _____

I request and authorize _____ to release and receive my personal healthcare information between: _____
(Clinician/Therapist)

(Check appropriate CenterLife Office)

Centerville Clinic
7039 20th Ave S, Centerville, MN 55038
Ph: 651-288-0332; Fax: 651-288-0493

Individual/Clinician/Clinic to Release Info to:
(Name, Clinic, Address, Phone, Fax)

OR AND

White Bear Lake Clinic
4444 Centerville Rd, Ste 235, White Bear Lake, MN 55127
Ph: 651-289-3111; Fax: 651-289-3113

This request and authorization applies to:

_____ Complete Record _____ Discharge Summary _____ Testing _____ History & Physical
_____ Other _____

Purpose of Disclosure: _____

I understand the consent can be revoked at any time, except to the extent that disclosure made in good faith has already occurred in compliance of this consent. If revocation is not received, authorization will be considered valid for a period of one year from date the ROI was attained.

The facility, its employees, officers, and attending physician are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized.

I understand that the information released could contain reference to Substance Abuse, Psychological, and/or Psychiatric Impairment.

To the party receiving this information: this information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it 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. FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFS PART 2.

Client Signature: _____ Date Signed: _____

Guardian Signature: _____ Date Signed: _____

Relationship to Client: _____