

UNIVERSITY OF LOUISIANA MONROE

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ hereby authorize

_____ to:

_____ Release _____ Obtain

the following psychiatric, medical and alcohol and drug information:

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> History and Physical Exam
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Drug and Alcohol Information
<input type="checkbox"/> Social History	<input type="checkbox"/> Dates of Service Letter
<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Progress Notes	

to/from _____

(Name)

(Address)

Dates of Service: _____ Date of Birth: _____

The above listed information is to be disclosed for the specific purpose of:

I understand this consent is subject to written revocation by the undersigned at any time except to the extent that action has already been taken to receive the information. This consent shall automatically expire one year from the date signed, unless otherwise specified below.

Expiration Date: _____

Dated

Client Signature

Witness Signature

Parent, Guardian, or Authorized
Representative of Client

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from the records whose confidentiality may be protected by federal law. Federal regulations (42CFR 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 CFR PART 2.**