



AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Client Name: _____ Date of birth: _____ MRN: _____

I/We, the undersigned, hereby authorize **Goldfinch Neurobehavioral Services, LLC** to (check all boxes that apply):

Exchange Information with: Release Information to: Obtain Information from:

Name of Person or Agency	Phone	Fax
Street Address	City	State
		Zip Code

Records to be released or obtained:

<input type="radio"/> Evaluation reports <input type="radio"/> Assessment Data <input type="radio"/> Progress Reports/Notes <input type="radio"/> Individual Education Plans <input type="radio"/> Birth Records	<input type="radio"/> Treatment Plans <input type="radio"/> Discharge Summaries <input type="radio"/> Pertinent Clinic/Hospital Records (visit notes, labs, imaging) <input type="radio"/> Phone consultation/verbal exchange of information <input type="radio"/> Other: _____
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Delivery format:

Mail Fax Email Phone

Purpose of request:

Continuing Care Insurance Personal Use Legal Other: _____

I/We understand that:

- The release of my records may include details of treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions, and HIV/AIDS. If I have received treatment for any of these conditions, I do not want the following records released: _____
- If I change my mind, I may write to the address above to stop the release of my records. This will not apply to records that have already been released.
- Once records are released to the name above, the clinic releasing my records cannot prevent them from being shared with a third party.
- There may be a fee for releasing these records.
- A photocopy of this completed, signed form is considered valid if not altered.
- If I do not sign this form, I will still get medical treatment, unless treatment is part of a research project.
- This form expires one year after I sign it, or on _____, except in certain situations specified by law.

X _____	_____	_____
Signature of Client/Parent/Guardian	Printed Name & Relationship to Client	Date