

Authorization to Release/Obtain/Exchange Information

Client Name: _____ Date of Birth: _____

<p>I authorize _____ and Samaritan Center of Puget Sound to _____ Therapist</p> <p><input type="checkbox"/> <u>Exchange Information With</u></p> <p><input type="checkbox"/> <u>Obtain Information From</u></p> <p><input type="checkbox"/> <u>Release Information To</u></p>

Organization/Individual: _____

Address: _____

Phone #: _____ Fax #: _____

Release the following information:

_____ Health care information relating to the following treatment or condition:

_____ Health care information for the date(s) below:

_____ All health care information: _____

_____ Other _____

This authorization ends: _____ in 180 Days; or _____ when the following occurs:

I may cancel this authorization in writing as allowed by law. This would not affect any actions already taken based upon my original request. There are three ways to cancel this authorization:

- 1) Sign and date a revocation form. This form is available from Samaritan Center of Puget Sound; or
- 2) Write, sign and date a letter to the Samaritan center of Puget Sound to cancel the authorization; or
- 3) Sign, date and write "CANCEL" on this original form

Once Samaritan Center of Puget Sound gives out the information, Samaritan Center of Puget Sound has no control over it. The recipient might redisclose it. Privacy laws may no longer protect it.

I also agree to the release of health care information regarding testing, diagnosis, and/or treatment for:

- | | |
|--|--|
| <input type="checkbox"/> HIV (AIDS virus) | <input type="checkbox"/> Psychiatric disorders/mental health |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Drug and/or alcohol use. |

 Patient or legally authorized individual signature Date Time

Relationship to patient if signed on behalf of the patient by parent, legal guardian, personal representative, etc.
Please Note: You have the right to refuse to sign this form. We will not condition treatment on the completion of this authorization.