

RELEASE OF INFORMATION

This form is only to be used if you are using insurance for payment.

PLEASE PRINT

Name: _____

Date of Birth: _____

Phone Number: _____

I, undersigned, consent to the release of medical records and/ or diagnosis.

TO/ FROM:

Name of Insurance Company: _____

FROM/ TO: Marilyn Levy, Telephone 520.721.8434, Fax 520.298.7075

You must initial each section.

The information I wish to release is:

- Pertinent Information (*initial here*) _____

The purpose for the disclosure:

- Insurance (*initial here*) _____

Method of Disclosure:

- Telephone (and, or) written documentation (*initial here*) _____

Record requests that extend beyond pertinent information for continued care may incur cost for handling to cover my costs.

Important, please check & initial each instruction for items 1, 2, 3.

1. Drug and/ or alcohol abuse:

- May be released (*initial here*) _____
 May not be released (*initial here*) _____

2. Mental Health:

- May be released (*initial here*) _____
 May not be released (*initial here*) _____

3. Addictions:

- May be released (*initial here*) _____
 May not be released (*initial here*) _____

AT LEAST ONE OF THE ABOVE CATEGORIES MUST BE RELEASED FOR BILLING TO OCCUR.

This authorization is valid for one year from the date of signing. I may revoke this authorization at any time with written notice. I may not revoke the authorization retroactively for information that has already been sent/ communicated. In furtherance of this authorization, I hereby waive all provisions of law and privilege relating to the disclosures hereby authorized. With respect to drug and alcohol abuse treatment information, the recipient of this information understands that it is prohibited from making any further disclosure of this information unless disclosure is expressly permitted by written consent of the undersigned or otherwise permitted by applicable law.

Signature of Client/ Participant: _____ Date _____

Relationship of Client/ Participant: _____ Date _____

Power of Attorney or Authorized Signature: _____ Date _____