



Informed Consent for Disclosure of Patient Healthcare Information

Today's Date: _____

I _____
Name of Patient Birthdate Maiden Name

AUTHORIZE

TO DISCLOSE TO:

Name _____ Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____

Information from my health care record. I understand that the specific type of information to be disclosed includes:

- | | |
|---|--|
| <input type="checkbox"/> All medical records (if any of the below apply please check also). | <input type="checkbox"/> HIV (AIDS) antibody test results and diagnosis/treatment records. |
| <input type="checkbox"/> Alcohol and/or drug dependency records. | <input type="checkbox"/> Lab/X-Ray/Mammography
<input type="checkbox"/> Films
<input type="checkbox"/> Reports |
| <input type="checkbox"/> Mental Health treatment records. Specify diagnosis:
_____ | <input type="checkbox"/> Other _____

_____ |

This disclosure is being made for the following purpose(s).

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Continuing Care | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Attorney/Court Case | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Other |

This authorization for disclosure of information is effective for one year from date signed. This informed consent is subject to revocation at any time by written notification only.

Date of Signature Signature of Patient or Person Authorized to Consent*

*Relationship to Patient or Person Authorized to Consent

* "Person authorized by the patient" means the patient, guardian, or legal custodian of a minor, the guardian of a patient adjudged incompetent, or any person authorized in writing by the patient. The personal representative or spouse of a deceased patient may consent. If no spouse survives a deceased patient, an adult member of the deceased patient's family may consent. A court appointed temporary guardian may consent to the release of records. (Proof of guardianship is required in these instances).