



995 Worthington Street, Springfield, MA 01109
Telephone 413-734-5376 FAX 413-737-7949

AUTHORIZATION TO REQUEST PROTECTED HEALTH INFORMATION*

Name: _____ Address: _____

Date of Birth: _____

I authorize the following person(s) and/or organizations to release my protected health information:

Hospital/Clinic/Treating Physician Date(s) of treatment

I authorize the following person(s) at the Mental Health Association, Inc. to receive my protected health information:

Name / Title / Program

I specifically authorize the release of personal health information relating to my substance abuse treatment, records and current status. () Yes () No Initial _____

I specifically authorize the release of personal health information relating to AIDS or HIV treatment, records or current status. () Yes () No Initial _ _____

The specific information to be disclosed is:

- () Discharge Summaries
- () Admission Notes / Mental Status
- () Operative Notes
- () Psychology Testing Reports
- () Out Patient Summaries
- () Laboratory Reports
- () Radiology Reports
- () MRI Reports, CAT Scan Reports
- () EEG's, EKG's
- () Other, Specify: _____

() The information may be released via telephone.

The information is needed for the following purpose: () Treatment () Other: _____

I understand that this consent is subject to revocation at any time unless action based on this release has already been taken. I understand that further disclosure of the information to be released may not be made without my written consent or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2).

This consent will expire in one (1) month.

Date: _____ Signature of Consumer

Signature of Parent / Guardian / Legal Representative

Signature of Witness: _____ Title

* Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual