

611 W Market St, Akron, OH 44303, Phone (330) 996-4600 Fax (330) 849-5597

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby grant my permission to Red Oak Behavioral Health and any of its agents to release, **Name of Client or Parent/Guardian (if client under age 18)** obtain or verbally exchange any information indicated below regarding _____ with _____
Client Name **Date of Birth**

NAME OF PERSON OR ORGANIZATION

Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

For the purpose of (must check at least one)

- Continuity/coordination of care and/or treatment
- Obtaining assessment information for care/treatment planning
- Other _____

Date(s) of service of documents to be included in this release (must check one)

- Birth to present
- Other _____

Note: Do not indicate a single date of service unless you are releasing information only for that date

At least one box must be checked in any of the three columns below

- | | | |
|--|---|--|
| <p><u>Mental Health</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reason for Referral <input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Treatment Summary <input type="checkbox"/> Recommendations <input type="checkbox"/> Treatment Compliance <input type="checkbox"/> Discharge Summary <input type="checkbox"/> Other (specify) _____ | <p><u>Alcohol/Drug</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Reason for Referral <input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Treatment Plan <input type="checkbox"/> Treatment Summary <input type="checkbox"/> Recommendations <input type="checkbox"/> Treatment Compliance <input type="checkbox"/> Discharge Summary | <p><u>Misc.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric Evaluation <input type="checkbox"/> IEP/Behavioral Data/Teacher Observations/Grades/Attendance <input type="checkbox"/> Medications <input type="checkbox"/> Documentation of Legal Custody/Legal Guardianship/Power of Attorney |
|--|---|--|

I further state that I have read or had read to me and fully understand the above statements as they apply to me and do herein expressly consent to disclosure of the above stated information for the purpose or need to the extent stated above. I further understand that this authorization is voluntary and that I may revoke this consent in writing addressed to the Red Oak Behavioral Health *Client's Rights Officer* at any time, except when disclosure has already been made. A copy of this release will be considered as valid as the original and will expire 365 days from the date it is signed. The parent/guardian/client, if age 14 or older, may shorten or lengthen the authorization period, not to exceed one year.

I UNDERSTAND THAT THE CLINICAL RECORD MAY CONTAIN INFORMATION REGARDING PSYCHIATRIC CONDITIONS, DRUG/ALCOHOL ABUSE, HIV TEST RESULTS, A DIAGNOSIS OF AIDS OR AN AIDS-RELATED CONDITION, AND I EXPRESSLY CONSENT TO THE RELEASE OF SUCH INFORMATION CONTAINED IN THE RECORDS DESIGNATED ABOVE.

- I have received a copy of this release
- I do not want a copy of this release

Client (if 18+) or Parent/Guardian Signature _____ **Date** _____

Relationship to Client _____

Note: This information has been disclosed to you from records whose confidentiality is protected from disclosure by State and Federal Law O.R.C.5122.31, 42 CFR Part 2, and O.R.C. 3701.243 prohibit you from making any further disclosure of it without the specific and informed release the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general release of information is NOT acceptable for this purpose.

To **revoke** this Authorization for Exchange of Information, contact our privacy officer at 330-699-4600 for next steps. I understand that the revocation will only apply to further disclosures or actions regarding my personal health information and cannot cancel actions or disclosures made while the disclosure was previously in effect and valid.