Center for Anxiety & Behavioral Change

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Authorization to Release Confidential Records and Information

Patient Name ____ **Date of Birth:** ___________________________

Patient Address: ____

I, ________________________ **hereby authorize:** ______________________________________
(Print your name and date of birth) (Please specify your CABC clinician)

To: ☐ **Release** ☐ **Receive** ☐ **Exchange**

The following protected health information:

☐ Intake and discharge summaries
☐ Mental health evaluations
☐ Progress notes
☐ Other: Click or tap here to enter text.
☐ Medical history and evaluation(s)
☐ Developmental and/or social history
☐ Educational records

To/From: ____
(Print Name of Person or Facility) (Phone number)

Address: ____

For the following purpose(s):

☐ Further mental health evaluation, treatment, or care
☐ Rehabilitation program development or services
☐ Treatment planning
☐ Research
☐ Other: ___________________________________

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 365 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

______________________________ ______________________________ __________
Signature of Client | Printed Name | Date

______________________________ ______________________________ __________
Signature of parent/guardian/representative | Printed Name/ Relationship | Date

I witnessed that the person understood the nature of this request/authorization and freely gave his or her consent, but was physically unable to provide a signature.

______________________________ ______________________________ __________
Signature of Witness | Printed Name | Date