

**RELEASE OF INFORMATION  
INCLUDING AIDS, AIDS-RELATED, DRUG AND/OR ALCOHOL ABUSE  
AND PSYCHIATRIC CARE OR TREATMENT**

TO: \_\_\_\_\_ Patient's Name: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Treatment: \_\_\_\_\_  
\_\_\_\_\_ Social Security No.: \_\_\_\_\_

1. I hereby authorize and request you to permit \_\_\_\_\_

to examine or receive a copy (in summary form) of any and all records, reports and charts, including X-rays, pertaining to your diagnosis, care, treatment of AIDS, AIDS-Related conditions, drug/ alcohol abuse, psychiatric care or treatment, and / or surgery. You are authorized to deliver such information in person, via regular U.S. Mail, or via facsimile transmission. I understand that the information forwarded via regular U.S. Mail or via facsimile transmission may be viewed by someone other than the intended recipient and hereby release you from any liability as a result of such transmission.

2. The information to be released is limited as noted below. If there are no limitations, state "none."

3. The above information is released for the following purpose and that purpose only. Any other use is forbidden.

- \_\_\_\_\_ Insurance or other third party reimbursement
- \_\_\_\_\_ Continuity of medical care
- \_\_\_\_\_ Pending legal action
- \_\_\_\_\_ Personal review
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

4. I understand that numbers 1, 2 and 3 must be filled in completely before any records will be released.

This consent will expire sixty (60) days after the date below or sooner at my election in writing.

Date: \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_  
Parent / Legal Guardian / Next of Kin, Administrator of Estate

**PROHIBITION OR REDISCLOSURE:** The information has been disclosed from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit anyone from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.