

SOUND FAMILY HEALTH

22180 Olympic College Way NW, Suite 201 Poulsbo WA. 98370

Ph (360)394-3500 Fax (360)394-3501

Authorization to Release Patient Health Information

Patient Name _____

Date of Birth ___/___/___

Home Phone _____

Social Security # _____

INFORMATION TO BE RELEASE **FROM:**

INFORMATION TO BE RELEASE **TO:**

Name of Organization

Name of Organization

Address

Address

City/ State/ Zip Code

City/ State/ Zip Code

Phone/ Fax Number

Phone/ Fax Number

TYPE OF RECORDS TO BE RELEASED

All medical records _____

Laboratory & Diagnostic Tests _____

Specific Information _____ Please Specify _____

Sensitive records require specific written consent

(PLEASE INITIAL THE APPROPRIATE REQUEST)

Drug and / or Alcohol Abuse _____

Mental Health (May Include Pain management or Psychiatry records) _____

Sexually Transmitted Diseases (Includes AIDS/HIV) _____

Patient Rights:

I understand that I do not have to sign this authorization in order to get health care benefits (treatment, payment and enrollment). I understand that I have the right to revoke this authorization, in writing, at any time. I understand that once the health information I have authorized to be disclosed reaches the recipient they may re-disclose it, and may not be protected by privacy, federal or state law.

If releasing to yourself, Sound Family Health reserves the right to charge for copies of records at the current rate of _____ per page for the first 30 pages and _____ per page thereafter.

Date or event upon which authorization will expire. _____

Signature of patient (If 13 years of age or older) _____ Date ___/___/___

Signature of parent or guardian (If minor patient) _____ Date ___/___/___

Relationship to patient (If minor) _____

(Please ask reception staff if you have questions regarding this form)

Information Protected by State/Federal Law

Medical record release of mental health, alcohol and drug abuse, psychiatry record, sexually transmitted disease, and certain minor treatment may be considered sensitive and require specific written consent. A general medical release may not be suitable for this purpose.

Mental Illness Information

State and/or federal law prohibit disclosure of this information without specific written consent of the person who it pertains, or the guardian of patient not competent or a minor child, unless otherwise permitted by federal/state law. A general medical release is NOT suitable for this purpose.

Information from a Drug and/or Alcohol Treatment Program

Federal regulation (42 C.F.R. part 2) may prohibit further disclosure of this information without specific written consent of the person who it pertains, or the guardian of a patient not competent or a minor child, unless otherwise permitted by federal/state law. This consent is subject to revocation at anytime except to the extent that the program which is to make the disclosure, has already taken action in reliance on it.

The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient. Federal regulations state that any person who violates any provision of the law shall be fined not more than \$500.00 in the case of a first offense and not more than \$5,000 in the case of each subsequent offense. A general medical release is NOT suitable for this purpose.

Sexually Transmitted Disease Information (Includes HIV/AIDS)

State law prohibits any further disclosure of this information without specific written consent of the person who it pertains, or the guardian of a patient not competent or a minor child, unless otherwise permitted by federal/state law. Any violation of the law is a gross misdemeanor, and the law creates civil remedies for any violation which includes a \$1,000 fine for a negligent violation, a \$2,000 fine for an intentional or reckless violation or actual damages, whichever is greater, and attorney fees.

Consent of a Minor

Where a minor has the right to consent to medical care, he/she has the right to control medical information released related to that treatment. A minor patient's signature may be required to release information related to 1) pregnancy, birth control for minors deemed mature. 2) Treatment for sexually transmitted diseases HIV/AIDS for patients age 14 and above. 3) HIV/AIDS or STD test results for patients age 15 and above. 4) Alcohol and drug abuse treatment for patients age 13 and above. 5) Mental health conditions for patients age 13 and above.