

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

WYANDOT BEHAVIORAL HEALTH NETWORK, INC. / WYANDOT CENTER / PACES / RSI / KWH

Medical Records, 1301 North 47th Street, Kansas City, KS 66102 P: (913) 328 – 4689 F: (913) 563 - 6596

Client Name: _____ **Other Names Used:** _____

Phone #: (____) _____ - _____ **DOB:** ____/____/____ **Last 4 Digits of SSN:** _____

Name of Party Releasing Information To/Obtaining Information From:

Facility: _____ **Individual:** _____ **Relationship:** _____
_____ (_____)

Address, City/State/Zip: _____

Phone #: (____) _____ - _____ **Fax #:** (____) _____ - _____ **Email:** _____

***Information to Release (*Client/Guardian Initial below all that apply*):**

_____ **To Exchange Information with** _____ **To Disclose Information to** _____ **To Obtain Information from**

- | | |
|------------------------------|-------------------------------------|
| _____ Diagnostic Review | _____ Entire Medical Record |
| _____ Treatment Plan | _____ Progress in Treatment |
| _____ Medications | _____ Psychosocial Assessment |
| _____ Intake Assessment | _____ School Records |
| _____ Psychiatric Evaluation | _____ Other (please specify): _____ |

_____ **Verbal and/or Written Communication:** _____ Progress Notes from: (____/____/____) to (____/____/____)
_____ **Clinical** _____ **Financial** _____ Date range to be released: (____/____/____) to (____/____/____)

***The Purpose or Need for the Disclosure (*Client/Guardian Initial below all that apply*):**

_____ Evaluation _____ Coordination of Care _____ Legal Proceedings _____ School Placement/Assessment
_____ Other: _____

Expiration Date: (____/____/____) This authorization (unless expressly revoked) will remain in effect until the designated expiration date or event (**not to exceed one year from the date of the signature**). I have the right to revoke this authorization, in writing at any time, except to the extent that Wyandot BHN Inc. has already taken action in the reliance on it. Only the information specified can be released to only the specified person/agency. Information used or disclosed under the Authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability Act Privacy Rule (45 C.F.R. Part 164) and the Privacy Act of 1974 (5 U.S.C. 552a). Wyandot BHN Inc. cannot ensure the recipient will maintain confidentiality of this information I have authorized to be released.

Printed Name of Client /Parent /Guardian /Representative (Relationship to Client)

Signature of Client /Parent /Guardian /Representative (____/____/____) Date

Signature of Witness (____/____/____) Date

***Client /Parent /Guardian /Representative Initial*:** _____ **I consent to my WBHN Provider to witness this document.**

By signing this document, you are acknowledging that sensitive information regarding alcohol/drug abuse treatment/referrals, sexually transmitted diseases; mental health information and/or HIV/AIDS related treatment or status could be included in your record and may be disclosed as a result of your execution of this authorization.

NOTICE TO RECIPIENT: PROHIBITION ON REDISCLOSURE

*This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 U. S. C. 290dd-3 and 42 U. S. C. 290ee-3 and Title 42 Code of Federal Regulations). Federal regulations (42 C.F.R. Part 2) prohibit you from making any further disclosure of these records without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. 42 C.F.R Part 2 restricts use of substance abuse information to criminally investigate or prosecute any alcohol or drug abuse patient.*

For WBHN Internal Use, Please Check: _____ **File** _____ **Send Records** _____ **Get Records**

Staff Requesting Records/Release of Records

Chart #