MEQUON
CLINICAL
ASSOCIATES

Authorization to Release Protected Health Information

Patient Information:

Last Name	Middle Initial	First Name	Former Name(s)	Date of Birth

Street Address	City	State	Zip	Phone Number

I hereby authorization ____ from Mequon Clinical Associates to
Name of MCA Clinician(s)

☐ **Release information To:** **and/or** ☐ **Obtain information From: (check all that apply)**

Agency/Facility/Person	Relationship	Phone Number	Fax Number

Street Address	City	State	Zip

Information to be Released:

☐ Complete Record
☐ Discharge Summary
☐ Records from Inpatient Stay
☐ Clinical Summary of Care
☐ Treatment Recommendations
☐ Expected Length of Treatment
☐ Dates of Service Only
☐ Diagnosis/Assessment
☐ Psychological Evaluation/Testing
☐ Treatment Plan
☐ Treatment Progress
☐ Lab Results
☐ Medication List
☐ Referral Letter
☐ Other: ______________________

Purpose of Disclose (check all that apply):

☐ Continuity of Care ☐ Case Management (including reimbursement and processing of benefits ☐ case collaboration
☐ Personal ☐ Legal ☐ Other: ____

Authorization

By signing this form, I understand that the information may include genetic testing, diagnosis and/or prognoses related to physical or mental health disorders, including treatment of alcohol and/or drug abuse, and HIV results.

I understand I am voluntarily signing this authorization. I understand my consent may be revoked by me at any time by written notification to the Clinic Director and/or clinician. I understand that any information released prior to a request to revoke permission cannot be retrieved.

____ Signature of Patient

____ Signature of Legal representative

____ Date

____ Witness

Note to recipient: This information has been disclosed to you from confidential records, which are protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosures of it without 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.