

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

Name			DOB _	Social Sec	urity #	_
Client	ID# _					
		orize the	e release of the following speci	fic information: (Chec	k all items)	
YES	NO	4	Maralia al Illiada anticomina di co	- 1-1	1 4	
		1.	Medical History, examination			
		2. 3.	Psychological test/psychiatri Social history, including fami			
		Э.	information.	iy, education, employi	nent, arrest and drug use	;
		4.	Summary of previous menta	health treatment		
		5.	Periodic reports of current tre		iding attendance particin	ation
		٥.	and urine surveillance result	. •	ang atternaaries, partieip	4
		6.	Other (Specify)			
Treatm	nent Da	ites to F	elease:   Any and All Record	s	n:To:	
From/	Го:		e & Address of Centerstone sit			_
From/			e & Address of Centerstone sit			
						_
I under	rstand f <b>NO</b>	that this	information will be used for the	e following specific pur	poses: (Check Yes or No	0)
ILS	NO	1.	To develop a diagnosis, trea	tment and rehabilitatio	n nlan	
		2.	To coordinate medical, psyc		•	
		3.	To determine present and fu			re-
			trial release or other diversion			
		4.	To process insurance claims	•	(diagnosis, number of vis	sits,
			modalities, and expected ler	•		
		5.	Other (Specify if yes is chec	(ed)		
author with th	ization, is relea	except se, may	information will not be disclose as allowed by law. I also under be subject to re-disclosure by ay alterations made on its medi	erstand that my protect the recipient and no le	ted health information, whonger protected by law.(	nich is disclosed Centerstone is
I unde	rstand t	that I ha	ve a right to a copy of this auth	orization after I sign it		
I unde	rstand t	that Cer	terstone will not condition any	provision of treatment	on my signing this autho	rization.
			comatically expires 1 year after e with my written statement.	the date that I sign it.	I understand that this au	thorization may
This a	uthoriza	ation for	Release of Information is given	en freely, voluntarily a	nd without coercion.	
Signat	ture of	Client	Date	Witness		Date
Signat	ure of r	person a	uthorized to sign in lieu of clie	nt:		
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Revised: August 13, 2009