



AUTHORIZATION FOR MUTUAL DISCLOSURE

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby authorize Neighborhood Psychiatry PC to release and/or exchange information with (name, address, fax and telephone number):

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RELEASE THE FOLLOWING INFORMATION:

- Clinical Notes       Medication List       Psychological Tests
- Lab Reports           Genetic Test Results       Diagnosis
- Other (specify) \_\_\_\_\_

THE ABOVE INFORMATION TO BE RELEASED FOR THE PURPOSE OF:

- Continuity of Care       Diagnosis/Evaluation       Psychological Evaluation/Treatment
- Court Ordered Evaluation       Other \_\_\_\_\_

I give permission to Neighborhood Psychiatry to release my health information as described above and I understand the following:

1. This authorization will expire 1 year from when signed unless I specify an earlier date \_\_\_\_\_.
2. To stop this authorization, I must provide written documentation to Neighborhood Psychiatry. The cancellation will not apply to records that have already been sent out in response to this authorization.
3. Information used or disclosed in response to this authorization may be subject to redisclosure by the recipient.

I understand that the information I requested may include records concerning hospitalization or treatment pertaining to, but not limited to alcohol or substance abuse, HIV/AIDS, and/or sexually transmitted diseases. I have the right to specifically request that the below records NOT be released from by healthcare providers.

Limitations, if any:

- Alcohol/Substance Abuse       HIV/AIDS       Sexually Transmitted Diseases       No Limitations

\*I understand that if I limit the release of any of the records listed above the request will require special handing and may take extra time to process which may result in a higher cost.

Fees: Record Retrieval \$20; \$0.25 per page over 10 pages; Expedited Request (2 working days) \$10

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

For Office Use Only:

Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_