

8701 New Trails Drive, Suite 150
The Woodlands, Texas 77381



**FAMILY PSYCHIATRY
THE WOODLANDS**

Phone: (281) 367-1015
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HIPAA MEDICAL RELEASE AUTHORIZATION FOR USE OR DISCLOSURE OF CONFIDENTIAL HEALTH INFORMATION

PRINT PATIENT NAME: _____

DATE OF BIRTH: _____ **DL:** _____ **STATE:** _____ **SSN:** _____

The purpose of this disclosure authorization is for: (check all that apply)

- At my request
- Continuity of Care
- Guardian Request
- FMLA / Disability
- Attorney Request
- Other: _____

Please check all information to be released that applies:

- Psychiatric Evaluation
- Lab Results
- Billing Information
- Discharge Summary
- Treatment Plan
- Psychiatric Progress Notes
- Psych Reports
- Entire Record

AUTHORIZATION:

I hereby authorize the following using or disclosing party: Family Psychiatry of The Woodlands,
located at: 8701 New Trails Drive, Suite 150 - The Woodlands, TX, 77381

Receive from: _____ Release to: _____

Name (or title) and organization: _____

Street Address: _____

Phone Number: _____ Fax Number: _____

I understand that I may revoke this consent at any time, except to the extent that the action has been taken in reliance on it and that in any event this authorization shall expire upon my request. The information that is disclosed for this authorization might be disclosed again by the person or organization in which the information is intended for. Family Psychiatry of The Woodlands cannot ensure protection of your PHI once it is disclosed to another party. You have the right to review or copy the information used or disclosed under this authorization. If you do not agree with the information being disclosed, you can refuse to sign this authorization. Family Psychiatry of The Woodlands will not deny services or treatments if you refuse to sign this release.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42CFR Part 2) prohibit you from making any further disclosure 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 information or other information is not sufficient. FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42CFR, PART 2)

Patient Signature

Date

Parent/Guardian Signature

Date