



Island Behavioral Medicine

PO Box 219
Oak Harbor, WA 98277
Tel: 360-682-5016
Fax: 360-682-6572

I hereby authorize the disclosure of information from my health record:

Patient Name

Date of Birth ()
Phone

Address

City, State, Zip

You may obtain healthcare information FROM:

Person and/or facility

Address

City, state, zip

() ()
Phone Fax

You may release healthcare information TO:

Person and/or facility

Address

City, state, zip

() ()
Phone Fax

Purpose for which information is being released (check one): Coordination of Care Transfer of Care
 Referral Request Telephone Consultation Inclusion in Treatment

Type of information Requested:

- Insurance Information
- Chemical Dependency Treatment
- IEP
- Guardianship Status
- Psychological Evaluation
- Psychiatric Evaluation
- School Records
- Medication Information
- Special Education Testing
- Mental Health Records
- Mutual exchange of information for case management
- Other _____

Patient Authorization:

I understand that my records may contain information regarding the diagnosis and treatment of the following conditions and give my consent to include them in this records request unless otherwise indicated below:

Exclude the following information from the records being released (please initial as appropriate):

_____ Drug and/or alcohol use/ treatment / diagnosis _____ HIV/AIDS diagnosis / treatment / testing
_____ Mental illness /psychiatric diagnosis / treatment _____ Sexually transmitted diseases.

I understand and agree that this authorization shall be valid and in effect for one year from date signed below, unless another date or event is specified here: _____

Signature: _____ Date: _____

(Patient must sign if age 13 or older)

Relationship to patient

Prohibition of Re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Regulations (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation.