

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ HEREBY FREELY, VOLUNTARILY AND WITHOUT  
(NAME OF PATIENT)

COERSION AUTHORIZE \_\_\_\_\_ TO RELEASE A COPY OF MY MEDICAL  
(NAME OF DOCTOR RELEASING RECORDS)

RECORDS TO: \_\_\_\_\_ AT \_\_\_\_\_  
(NAME OF DOCTOR / PERSON RECEIVING RECORDS) (ADDRESS)

My medical records may include information regarding diagnosis and treatment of drug, alcohol, Acquired Immune Deficiency Syndrome (AIDS), other medical conditions or psychiatric disorders. The information to be released includes:

_____ HISTORY / PHYSICAL EXAM	_____ LABORATORY REPORTS	_____ CONSULTATIONS
_____ DISCHARGE SUMMARY	_____ DOCTOR'S ORDERS	_____ PROGRESS NOTES
_____ PSYCHIATRIC REPORTS / TESTS	_____ OPERATIVE REPORTS	_____ NURSE'S NOTES
_____ INITIAL PSYCHIATRIC EVALUATION	_____ OTHER _____	

THE REASON FOR DISCLOSURE INCLUDES: \_\_\_\_\_  
(SPECIFY)

**I release Aaron H. Fink, M.D. from all legal responsibility or liability resulting from the release of such information and waive, on behalf of myself, my heirs and assignees and any person who may have an interest in the matter, all provisions of law relating to the disclosure of such information.**

\_\_\_\_\_  
SIGNATURE OF PATIENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN OR  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
WITNESS

**I understand that I may revoke this consent at any time except to the extent that action has taken in reliance on it and that in any event this consent shall expire sixty (60) days after the date of patient discharge.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**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 (42 CFR, 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 medical or other information is not sufficient for this purpose.**