

PSYCH ASSOCIATES OF MARYLAND, L.L.C.

AUTHORIZATION to DISCLOSE RECORDS to THIRD PARTY

We are happy to process your request for records and/or clinical information. Please complete the following consent form so that we can provide the specific information you need. In certain situations, there may be a charge to cover our costs for this service.

ALL PSYCHIATRIC PSYCHOLOGICAL ALCOHOL DRUG TESTING OTHER

Patient Name _____ Date of Birth ____/____/____

Specific information to be disclosed: _____

Purpose for disclosure: _____

I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- This consent will be in effect until I revoke by written notice.
- This consent will be in effect until: _____
(specification of date, event or condition upon which this consent expires)

CAUTION: Psych Associates of Maryland, L.L.C. recommends that all correspondence be handled via U.S. mail because of risks associated with electronic mail and FAX mail systems.

I, _____ hereby authorize Psych Associates of Maryland, L.L.C. to release information (checked above) to:

Person or facility name: _____

please FAX to this number _____

please MAIL to this address: _____

other: _____

Signature (Patient/Parent/Legal Guardian) _____

Date ____/____/____ Witness _____

PROHIBITION ON REDISCLOSURE:

These records have been disclosed to you from records whose confidentiality is protected by Federal Law, Federal regulations (42 CFR Part 2) prohibit you from making any further disclosures of it without the 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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.