

NAME OF PATIENT: _____ PATIENT'S BIRTHDAY: _____

I hereby authorize Aurora Behavioral Health Care/CHARTER OAK HOSPITAL, its agents, employees, and/or servants to disclose my psychiatric and/or abuse records, and information obtained in the cause of my diagnosis and treatment at this facility to:

AGENCY/FACILITY/PHYSICIAN/SCHOOL _____

ATTENTION OF _____

STREET _____

CITY/STATE/ZIP CODE _____

FOR THE FOLLOWING PURPOSES:

- CONTINUING CARE BY THE RECEIVING FACILITY/DOCTOR/THERAPIST
- LEGAL PROCEEDINGS OR ADVICE ASSISTANCE BY THE ABOVE NAMED AGENCY
- ARRANGE FOR RESIDENTIAL TREATMENT EDUCATION PLANNING
- OTHER: _____

SUCH DISCLOSURE SHALL BE LIMITED TO THE FOLLOWING SPECIFIC INFORMATION:

- FACE SHEET PSYCHIATRIC HISTORY AND MENTAL STATUS EXAM
- DISCHARGE SUMMARY LAB AND X-RAY REPORTS
- TREATMENT PLANS MEDICATION RECORDS
- MEDICAL HISTORY AND PHYSICAL EXAM TREATMENT PLANS
- OTHER(SPECIFY): _____

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance thereon and if not earlier revoked it shall terminate one year from the date of signing.

Release or transfer of the disclosed information to any person or entity not specified herein is prohibited by law. An additional consent must be obtained for further usage or transfer of disclosed information.

I am fully aware that certain State and Federal Statutes and Regulations require that I voluntarily and knowingly sign this document before Aurora Behavioral Health Care can release any records, and that I may refuse to sign my signature, but in that event the record cannot and will not be released or disclosed by Aurora Behavioral Health Care.

Dated: _____ Time: _____
SIGNATURE OF PATIENT _____

I have received a copy of this authorization. Patient Initial: _____

Dated: _____ Time: _____
SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE OF PATIENT (indicate which) _____

Dated: _____ Time: _____
WITNESS _____

Dated: _____ Time: _____
SIGNATURE OF PHYSICIAN/THERAPIST (when applicable) _____