

PsyCare

A professional medical corporation
A comprehensive behavioral healthcare system
HEADQUARTERS
4550 Kearny Villa Road, Suite 116
San Diego, CA 92123
(858) 279-1223
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Authorization to Release Information

I hereby authorize _____

to release All psychiatric/psychotherapy records to
 Letter to: _____ dated _____
 Other _____

To: Recipient's name, address & phone #'s _____

Phone number _____ Fax number _____

Recipient's relationship to the Patient/Client _____

Regarding: _____ D.O.B: _____
(Patient/Client's Name) (Patient/Client's Date of Birth)

Purpose of release: (mandatory) _____

This authorization for use or disclosure of medical information, is being authorized by me giving PsyCare, Inc. permission to disclose medical/psychiatric records and information obtained in the course of the diagnosis and/or treatment of my child or me. This disclosure of medical/psychiatric information complies with the terms of the Confidentiality of Medical Information Act of 1981, section 56, et. Seq, California Civil Code.

I understand that the medical records and information to be released may contain information pertaining to psychiatric, drug and/or alcohol related evaluation and/or treatment, any may also contain confidential HIV (AIDS) related information, including educational, psychological and laboratory test results.

I may revoke this authorization at any time, in writing to the Administration department, except to the extent action has been taken in reliance upon this consent. If it is not earlier revoked, this consent shall terminate without express revocation one year from date shown below.

(Date) Signed: _____
(Patient/Client's Signature)

(If signed by other than Patient/Client, please indicate relationship)

(Signature of Minor- ages 12-17; If unable/unwilling to sign list reason/s)

OFFICE USE ONLY (to be completed before submitting request to Admin):

- MD'S ONLY- Consent to release _____
 Pt seen individually (therapist's initials _____)
 Fee Collected (staff initials) _____

ADMINISTRATION BOX:

- Send Chart/ Chart Notes for Review
 OK to Release Records

Signature Date