

Consent Form for Release of Information

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I, (Member name) _____,
D.O.B. _____ do hereby consent to and authorize (facility/person/organization)
_____ to *disclose to / obtain from* (circle one):

Name of facility/person/organization

Address

Information pertaining to (check all that apply):

- _____ Presence in treatment (including admission & discharge dates)
- _____ Diagnosis, brief description of progress and prognosis
- _____ Intake and assessment (including medical/psychiatric history)
- _____ Psychiatric evaluations/MD Consults
- _____ Chemical Dependency Treatment
- _____ Treatment/Service Plan
- _____ Emergency Contacts
- _____ Discharge Summary
- _____ Other (Specify) _____
- _____ Continuing Care

This Information is *needed / provided* (circle one) for (check all that applies):

- _____ The development of a treatment / service plan
- _____ Ongoing treatment / continuing care
- _____ Insurance or employment
- _____ Coordination with family/behavioral health or medical providers
- _____ Other (Specify): _____

I understand that information disclosed above is protected by Federal Regulation 42CFR, Part 2, and cannot be released without my written consent unless otherwise required by law. I understand that I need not consent to the disclosure of information in order to obtain treatment services. I choose to do so willingly and voluntarily for the

purposes specified above. The duration of this authorization is no longer than one year unless I specify a date, event or condition upon which it will expire sooner. I understand that I may revoke this consent at any time by notifying _____ in writing, except to the extent that action has been taken in good faith on my consent.

The following items, if present, may be released. (PLEASE INITIAL)

| | | | | | | |
|-------------|-------|---------------------|-------|-------|-----|---------|
| _____ | _____ | Alcohol and/or Drug | _____ | _____ | HIV | Related |
| Information | | Abuse Information | YES | NO | | |
| YES | NO | | | | | |

Member Signature _____ Date _____

Witness Signature _____ Date _____

Parent/Guardian/Legal Representative Signature _____ Date _____

THIS CONSENT WILL AUTOMATICALLY EXPIRE IN ONE YEAR or as specified _____