

that may be related to drug, alcohol, psychiatric conditions, and/or sexually transmitted disease, including HIV/AIDS information. Such records will be disclosed unless specified information to exclude is listed below.

Exclusions:

Purpose for Disclosure:

- | | | |
|---|---|--|
| <input type="checkbox"/> Continuing Treatment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Legal Investigation | <input type="checkbox"/> Disability Determination | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Other | | |

(Specify):

RESTRICTIONS: I understand that the recipient of this information may not use or disclose the medical information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

I hereby authorize disclosure of the health information to the above-named patient. This authorization is valid for 90 days from the date of signature. I understand that I may cancel this request with written notification, but that it will not have any effect on information released prior to notification of cancellation.

Signature of Patient/Legal Authority: _____

Date: _____

- Legal Authority is:
- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Parent of Minor | <input type="checkbox"/> Attorney in Fact |
| <input type="checkbox"/> Next of Kin | <input type="checkbox"/> Executor of Estate | <input type="checkbox"/> Other |

- Patient is:
- | | | | |
|--------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Minor | <input type="checkbox"/> Incompetent | <input type="checkbox"/> Disabled | <input type="checkbox"/> Deceased |
|--------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|

Documentation of legal status must be attached.

