

Tandem Wellness Center, LLC

1401 Bridge Street, Brighton, Colorado Phone: 303-359-1352 Fax:303-835-2534

Authorization to Release/Request Confidential Information

I, \_\_\_\_\_; \_\_\_\_\_;

Name

Address

DOB

Hereby authorize Tandem Wellness Center, LLC to request/release the following information concerning me/my child from/to:

\_\_\_\_\_;

Name / Person/ Agency

Address

\_\_\_\_\_;

Information from the period listed below:

Phone

Fax

\_\_\_\_\_ to \_\_\_\_\_

month/day/year month/day/year

Information to be released:

\_\_\_ Medication Information

\_\_\_ Assessment Information

\_\_\_ Attendance only

\_\_\_ Psychological Testing

\_\_\_ Lab Results

\_\_\_ Treatment Planning

\_\_\_ Discharge Summary

\_\_\_ Progress Notes

\_\_\_ Treatment Summary

\_\_\_ Entire Record

\_\_\_ Verbal Communication only

\_\_\_ Diagnosis

\_\_\_ Other \_\_\_\_\_

The purpose for the release is: \_\_\_\_\_

I, the undersigned, understand that I may revoke this consent at any time by giving notice to my clinician. However, I also understand that any information released prior to my revoking this authorization shall not be a breach of my right to confidentiality. This release shall expire one year from the date of the signature unless another date is specified.

To the party receiving this information: This information has 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 disclosure 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. FOR PATIENT RECORDS APPLICABLE UNDER FEDERAL LAW 42 CFR PART 2.

\_\_\_\_\_

\_\_\_\_\_

Signature of patient or designee

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of parent/guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of witness

Witness relationship to patient

