Healing Hands Resource Center

Safe Place Clinics

Integrated Health Services

Authorization to Release Information

I authorize Healing Hands Resource Center to release information or records to OR obtain information or records from the named agency. Information may be disclosed in writing or verbally. Healing Hands Resource Center Ph:773-467-6967 Fax:773-572-9553.

Person/Agency receiving or providing information:	Patient Name:
Address: Phone _____ / Fax No:_____	DOB:

Records Authorized to be released:

Clinical Assessment and/or Treatment Plan	Complete Hospital Chart
[ ]Progress / Office notes	[ ]Psychiatric and other mental health records
[ ]Lab reports	Individual Educational Plan and other educational records
Records relating to drug or alcohol abuse (must specify the extent or nature of the records to be released)	
Other (specify):	Admission history and physical or discharge summary

This information will be used for the purpose of:

[X]Continuity of Care	Investigating an allegation of abuse
Other activities at the request of the individual	Verifying my eligibility for services offered by the provider
Legal representation	Providing Advocacy Services

I understand that:

1. I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
2. Refusal to authorize may result in delays, duplications, and other problems that may affect the quality of services that the agency provides.
3. Federal privacy regulations will no longer apply to the information disclosed, and that agency may re-disclose this information.
4. I am entitled to receive a copy of this authorization.
5. A copy of this authorization my be utilized with the same effectiveness as an original
6. This authorization will expire one year from the date of the signature of the patient or representative. I understand that I can revoke this authorization at any time by writing to the health care provider.

_____ _____

Signature of Patient or Representative Date

_____

Name of Representative (print) Relationship to Patient