Emerald City
BEHAVIORAL HEALTH

Emerald City Behavioral Health
Address: 3713 Pacific Ave, Tacoma, WA 98418
Phone: 253-433-7993 Fax: 253-540-6886

Release of Information

Client Name: _____

Date of Birth: _____

I hereby authorize Emerald City Behavioral Health to release and exchange information regarding my mental health and substance use treatment records with the following individual or organization:

Name/Organization: _____
Address: _____
City, State, Zip: _____
Phone/Fax #: _____

The information to be disclosed includes: (initial or write NO)

_____ Assessment and Diagnosis
_____ Treatment Plan and Progress Notes
_____ Medication Records
_____ Discharge Summary
_____ Lab Results
_____ Appointment Attendance
_____ Billing and Insurance Information
_____ Other: _____

Reason for Disclosure: (initial or write NO)

_____ Coordination of Care
_____ Legal Purposes
_____ Housing Assistance
_____ Educational Support
_____ Other:_____

_____ Treatment Planning
_____ Disability Claims
_____ Employment Assistance
_____ Personal Request

This authorization is valid until (date): _____
I understand that I have the right to revoke this authorization at any time by providing written notice to Emerald City Behavioral Health, except to the extent that action has already been taken in reliance on this authorization.

I understand that my treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that once information is disclosed, it may be re-disclosed by the recipient and may no longer be protected by federal or state law.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If the client is unable to sign, please indicate the legal representative's information:
Representative's Name: _____
Relationship to Client: _____
Representative Signature: _____