



Patient Name:	Date of Birth:
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I HEREBY AUTHORIZE THE FAMILY HEALTH CENTER (FHC) TO VERBALLY RELEASE MY HEALTH INFORMATION TO:

Name:	Date of Birth:
Phone Number:	Relationship:

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Phone Number:	Relationship:

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Phone Number:	Relationship:

Information to be Shared Verbally (Please check all that apply.)

- ☐ Scheduling/Appointment Information
- ☐ Clinical Care and Treatment
- ☐ Billing/Payment/Insurance Information
- ☐ Lab and Imaging Results

Sensitive Information to be Shared Verbally (Please check all that apply.)

- ☐ HIV Testing/Results
- ☐ Mental Health
- ☐ Alcohol, Drug, or Substance Use Disorder
- ☐ Genetic Testing
- ☐ Sexually Transmitted Diseases
- ☐ Psychotherapy Records

Patient Understandings

- This authorization will not expire unless I specify a different expiration date below:
☐ 180 Days ☐ One Year ☐ Other _____
- I understand that I have the right to revoke this authorization at any time. I understand that I should tell all agencies and people listed on this form if I withdraw my consent. The revocation will not apply to any information that has already been released in response to this authorization.
- I understand that my treatment, payment, enrollment, or eligibility benefits may not be conditioned on obtaining this authorization if such conditioning is prohibited by law.
- I hereby acknowledge that I have read and fully understand the above statements as they apply to me.



Signature and Acknowledgement

Name of the Patient or Personal Representative (please print)	Relationship (please print)
Signature of Patient or Personal Representative	Date/Time
Signature of Witness to Signing	Date/Time

Confidentiality Notice (42 CFR Part 2)

If the record(s) released contain drug and/or alcohol information, then this information has been disclosed to you from records protected by Federal Confidentiality Rules (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.