



Authorization to Release Information Form For Insurance Purposes

Patient's Name: _____ DOB: _____

Patient's
Address: _____

Information is Being Released To: (Your Insurance Company): _____

Specific Information To Be Released: Copy of Intake Report (first page), and Update Summaries of treatment progress, and copies of psychiatric reports.

Purpose for Releasing Information: Establishes reasons for providing insurance coverage of mental health services and for additional authorization of services.

I understand that my records are protected under Section 5100.34 of the Pennsylvania Mental Health Procedures Act and the Pennsylvania Drug and Alcohol Abuse Control Act, and under the federal regulations governing Confidentiality of Drug and Alcohol Abuse Patients Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of date, event, or condition upon which this consent expires)

I, _____ hereby authorize Growth Opportunity Center to release the
(Patient)
the information stated above.

Patient _____ Date: __/__/__

Person Authorized In Lieu Of Patient _____ Date: __/__/__

Relationship To Patient _____

Witness _____ Date: __/__/__

Prohibition On Redislosure

Drug and Alcohol Abuse 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 disclosures of it without the specific written consent 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. The federal rules restrict any of the information to criminally investigated prosecute any alcohol or drug abuse patient.

COPY OF RELEASE OFFERED TO PATIENT: ACCEPTED _____ REJECTED _____