

MENTAL HEATH AUTHORIZATION FOR RECORD REQUEST

TO:

DATED:

Name of Patient:
Date of Birth:
Social Security No.:

Subject to the Notice below, I authorize you to release my hospital record including, if applicable, information relating to the diagnosis or treatment of mental illness, drug and/or alcohol abuse and confidential HIV related information to:

Berman, Bourns, Aaron & Dembo, LLC
970 Farmington Avenue
West Hartford, Connecticut 06107

To be used in connection with _____
The nature and extent of information to be disclosed will be the entire record, unless specified otherwise below.

This authorization will expire 180 days after the date appearing below. This authorization may be revoked by me at any time, except to the extent that action has been taken on reliance thereon.

Dated: _____
(Patient signature of parent or guardian if patient is under 18 yrs of age)

Witness: _____

THIS RELEASE IS INTENDED TO OPERATE AS A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL, PSYCHIATRIC, DRUG AND/OR ALCOHOL ABUSE INFORMATION AND AN AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL HIV RELATED INFORMATION

NOTICE

HIV Related Information

In the event that information release constitutes confidential HIV related information protected under Connecticut Law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits 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 said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

PSYCHIATRIC INFORMATION

In the event that information released constitutes confidential psychiatric information protected under Connecticut Law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it or of using it for any purpose other than that indicated above without the specific written consent by the person to whom it pertains, or as otherwise permitted by said law.

DRUG AND ALCOHOL ABUSE RECORDS

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records Regulations: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR 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 42 CFR 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.