CONFIDENTIAL

Ellen L. Walker, Ph.D.

Licensed Psychologist

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Authorization to Release Health Care Information and Records

Patient's Name: _____ **Date of Birth:** _____

SSN: _____ **Previous Names:** _____

I request and authorize Ellen L. Walker, Ph.D. to release and/or obtain health care information and records of the patient named above to/from:

Name: _____
Address: _____ **City, State, Zip:** _____

Extent and nature of Disclosure	**Purpose of this Disclosure**
[ ] Alcohol/Drug Evaluation	[ ] ITA investigation/coordination
[ ] Current Psychiatric Status	[ ] Assisting in diagnosis and treatment
[ ] Psychiatric History/Evaluations	[ ] Assuring continuity of care
[ ] Hospital Records/History & Physical/Discharge	[ ] Facilitating resident placement
[ ] Progress Notes	[ ] Reporting to probation officer or court
[ ] Individual Treatment Plan	[ ] Coordinating service delivery
[ ] Treatment Summary	[ ] Determine program eligibility
[ ] Medication Records/Laboratory Reports	[ ] Educating family member(s) about mental illness
[ ] School History (Academic, Social/Behavioral)	[ ] Referring to another agency/program
[ ] ITA Documents/Legal History	[ ] Other
[ ] Other	This disclosure is to be Verbal [ ] and/or Written [ ]

I understand that my express consent is required to release any health care information relating to testing diagnosis, and/or treatment for psychiatric disorders/mental health, drug and/or alcohol use, or HIV (AIDS virus), or sexually transmitted diseases. If I have been tested, diagnosed, or treated for psychiatric disorders/mental health, HIV (AIDS virus), sexually transmitted diseases or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.

_____ _____
Signature of Patient/Representative **Date Signed**

_____ _____
Signature of Patient/Representative **Date Signed**

[90 Day Signature Update]

_____ _____
Signature of Patient/Representative **Date Signed**

This authorization expires 90 days after the date it is signed
With respect to any health care information which is disclosed.