

People United For a Common Cause, LLC

Philadelphia Pa

Phone: 215-888-2092

Authorization for Release of Confidential Information

I, _____, hereby authorize People United For a Common Cause, to release to or obtain from the person/organization listed below the following information.

Release to or Obtain From (circle one or both)

Name Title/Relationship to Client

Address:

Phone Number/Fax Number/Email

___ Verification of Presence in Treatment Only ___ Progress Notes

___ Verification of Presence in Treatment ___ Medical history/Psychiatric History

___ Collateral/Background information ___ Assessment

___ Verbal Progress in Treatment ___ Billing information

___ Aftercare Planning ___ Diagnostic Summary

___ Discharge Summary ___ Intake Summary

___ Lab Results ___ Other (Specify) _____

The purpose of this disclosure is: _____

I, _____, _____ (DOB) have been informed that under Federal and State law my records are confidential and may not be released without this authorization. I understand that I may rescind this release either verbally or in writing at any time, with the exception of any action that has been taken under this release. This release is limited to the person or organization named above and will not be used for any other purpose than stated. This form has been explained to me and I understand its contents.

This authorization is in effect for a maximum of one year and will expire on _____

Signature of Patient _____ Date _____

Signature of Witness _____ Date _____

This release of information demonstrates compliance with the Health Insurance Portability and Accountability Act and all federal and State laws, regulations, and interpretive guidelines promulgated thereunder. This information has been disclosed to you from records protected by Federal confidentiality rules and you are prohibited from making any further disclosure of this information.