Release of Information

This form authorizes Sunpath, LLC to release or obtain information as specified below. Completion of this form is voluntary, but without it, we may not be able to coordinate care or share necessary information.

Client Information

Name:
Address:
Phone:
DOB:

Information to be Released To/Obtained From

Name:
Agency:
Fax:
Phone:
Email:

REASON FOR RELEASE (check all that apply)

- [ ] Personal Use
- [ ] Legal
- [ ] Continuity of Care
- [ ] School Purposes
- [ ] Other: _____

DATES OF RECORDS TO RELEASE (Select one):

- [ ] All Dates
- [ ] Specific Dates: _____

WHAT TO RELEASE (check all that apply):

- [ ] All Records (not including psychotherapy notes)
- [ ] Assessments
- [ ] Discharge Summaries
- [ ] Progress Notes
- [ ] Attendance
- [ ] Diagnosis
- [ ] Treatment Plans
- [ ] Urine Drug Screen Results
- [ ] Other: _____

DELIVERY METHOD

- [ ] Fax
- [ ] Email
- [ ] Sunpath Office Pickup (Contact office to schedule pickup)

Expiration of Authorization

This authorization will expire on (date/event): _____ or one year from the date signed, whichever comes first.

Client Rights

• I understand that I can cancel this authorization at any time. I must cancel in writing and send or deliver the cancellation to Sunpath, LLC. Any cancellation will apply only to information not yet released by Sunpath, LLC.
• I understand that this is a full release, including information related to behavioral/mental health and drug and alcohol abuse treatment (in compliance with 42 CFR Part 2).
• I understand that once my health information is released, the recipient may disclose or share my information with others, and my information may no longer be protected by federal and state privacy protections.
• I understand that I may refuse to sign this authorization, and such refusal will not affect my right to treatment.
• I understand that I have a right to receive a copy of this form, upon request.

SIGNATURES

Client's Signature:

Date:

Parent/Guardian Signature (if applicable): _____ Date: _____

Relationship to Client: _____