



120 East Trinity Place • Decatur, GA 30030

Phone (404) 378-2300 • Fax (404) 378-2394

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

CLIENT INFORMATION <i>(Confirm correct name spelling and DOB with client and/or guardian.)</i>			
First Name:	Middle Initial:	Last Name:	DOB:

This document authorizes Pathways Transition Programs, Inc. (PTP) to release and/or receive in writing or through telephone contact psychological, psychiatric, and general medical records including substance misuse or addiction information. Information will be shared, following Georgia State Statutes and Federal Administrative Rules and Regulations, with:

INDIVIDUAL OR AGENCY	
Name:	
Address:	Phone:
Email Address:	Fax:

MEDICAL RECORD		
Authorized to share	PTP can RELEASE this info to the individual or agency listed above	PTP can RECEIVE this info from the individual or agency listed above
	<input type="checkbox"/> All	<input type="checkbox"/> All
	<input type="checkbox"/> Medical Histories & Physicals	<input type="checkbox"/> Medical Histories & Physicals
	<input type="checkbox"/> Drug Screen Results	<input type="checkbox"/> Drug Screen Results
	<input type="checkbox"/> Assessments	<input type="checkbox"/> Assessments
	<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Psychological Testing
	<input type="checkbox"/> Psychiatric Testing	<input type="checkbox"/> Psychiatric Testing
	<input type="checkbox"/> Case Summary	<input type="checkbox"/> Case Summary
	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Discharge Summary
	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Progress Notes
	<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Treatment Plan
	<input type="checkbox"/> Other:	<input type="checkbox"/> School Records
	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PURPOSE OF RELEASE?			
Records released for?	Continued Treatment <input type="checkbox"/>	Case Planning <input type="checkbox"/>	Other:

RELEASE DURATION			
Records released for how long?	One Time <input type="checkbox"/>	One Year <input type="checkbox"/>	Continuous until:

If this release is for court ordered psychological evaluation, the evaluation will be used as evidence in court. It will be released to the referring agency or attorney; you may request information from that agency or attorney. Your consent can be withdrawn at any time, but we cannot recall information we have already shared in order to comply with your consent.

Redistribution of Confidential Information is Prohibited

Disclosed information is protected by Federal Rules governing confidentiality rules (42 CFR part 2). The Federal Rules prohibit recipients from making any further disclosure of this information unless the subject of the material provides additional written permission (42 CFR Part 2). This general authorization for the release of medical or other information is not sufficient for this purpose. Also, Federal Rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

