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Knoxville, TN 37923
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AUTHORIZATION FOR RELEASE OF INFORMATION BEARDEN BEHAVIORAL HEALTH, AND THEIR EMPLOYEES

CLIENT NAME: _____ DOB: _____ SSN: _____

I, _____ do hereby authorize Bearden Behavioral Health to release Protected Health Information **to and from**:

(Person/Agency and relationship)

(Address Fax & Phone Number)

I specifically authorize the disclosure of the following health information in the following areas: (check all that apply)

- _____ Medical Record
- _____ Treatment Progress
- _____ Legal Records
- _____ Treatment and Service Planning
- _____ Aftercare Planning & Referrals
- _____ Demographic Data
- _____ Insurance/Financial Information
- _____ Other: _____
(Specify)

I understand that the information will be used for the following purpose(s):

I authorize the disclosure of my protected health information.*I understand that this authorization is voluntary. I understand that, if the person(s) or organization(s) that I authorize to send/receive my protected health information are not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organizations(s) may not be protected by those laws. This release shall remain in effect for one (1) year after the signing date of this release or until canceled by me in writing at any time or on the following date _____. Federal law protects the confidentiality of alcohol and drug abuse patient records. The federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is otherwise permitted by 42 C.F.R.

Signature: _____ Date: _____
(Client or authorized party)

Name of Legal Guardian: _____ (Only if patient is under 18 or a Dependent Adult)

Signature: _____ Date: _____
(Legal Guardian Signature)

Witness: _____ Date: _____
(Signature and relationship to party)

*Protected health information ("PHI") is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. § 164.508.