194/162 MARKET PLACE BLVD.
KNOXVILLE, TN 37922
865-212-6600

AUTHORIZATION FOR RELEASE OF INFORMATION FOR BEARDEN BEHAVIORAL HEALTH

CLIENT NAME: _____ DOB: _____ SSN: _____

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

_____

(Person/Agency and Relationship)

_____

(Address and Phone Number and Fax 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 organization(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)

Signature: _____ Date: _____
(Guardian)

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

**Updated 02/09/2023