



# Austin Travis County MHRM

## AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Client Name:	Client #:
Date of Birth:	Social Security:

I give permission for the following two agencies/persons to share my protected health information:

<b>Name</b>	Austin Travis County MHRM	<b>Name</b>	
<b>Address</b>	P.O. Box 3548	<b>Address</b>	
<b>City/State/Zip</b>	Austin, Texas 78764-3548	<b>City/State/Zip</b>	
<b>Phone</b>	(512)447-4141, (512)445-7726 (Fax)	<b>Phone</b>	

Information to be shared is limited to: *(Please Check)*

<input type="checkbox"/> Determination of Mental Retardation	<input type="checkbox"/> Narrative Assessments
<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Medication Information
<input type="checkbox"/> Treatment Plan	<input type="checkbox"/> Treatment Plan Reviews
<input type="checkbox"/> Staff Progress Notes	<input type="checkbox"/> Doctor Progress Notes
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Other:

I give special permission to share the following information: *(Please Initial)*  
 \_\_\_\_\_ HIV/AIDS                      \_\_\_\_\_ Alcohol and Drug Abuse                      \_\_\_\_\_ Psychotherapy Notes

<b>Approximate Dates of Service</b>	From		To	
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Purpose/Need for Disclosure: *(Please Check)*

_____ Continuity of Care	_____ Disability Benefits	_____ At My Request
_____ Other: Please Specify: _____		

This authorization can be cancelled at any time, in writing, to ATCMHRM, but the cancellation will not affect any disclosures already made prior to receipt of cancellation notice. ATCMHRM cannot control how the protected health information will be used by the agency/person who receives it under this authorization.

Unless cancelled or otherwise specified, this authorization will expire one year from date of signature.

Other specified expiration date: \_\_\_\_\_

<b>Client Signature:</b>	<b>Date:</b>
<b>Legally Authorized Representative Signature (LAR/Parent/Legal Guardian):</b>	<b>Date:</b>
<b>Legally Authorized Representative Printed Name:</b>	<b>Relationship to Client:</b>