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Consent for Release of Medical Information

I, ____, born ________________authorize and request
(please print)

____________________________________ to furnish to _________________________________ of
(name of facility) (person or facility)

____ the following medical records:
(address, city, zip)

_______________ ____
(date of service) (specific information to be released)

DO NOT RELEASE those records (mark those which apply)

_____ relating to care and treatment for mental health conditions (including stress and depression)

_____ relating to care and treatment of drug or alcohol abuse or any mention of drug or alcohol abuse

_____ relating to HIV testing, infection status, or care and treatment for AIDS

RELEASE all my records including the following: (mark those which apply)

_____ relating to care and treatment for mental health conditions (including stress and depression)

_____ relating to care and treatment of drug or alcohol abuse or any mention of drug or alcohol abuse

_____ relating to HIV testing, infection status, or care and treatment for AIDS

I understand this consent may be revoked at any time except to the extent already acted upon.

This consent expires ________ or within 90 days of the date signed if expiration date not provided. A photo-static copy of this consent is considered as effective and valid as the original.

____ ______________________
(Signature of patient or authorized representative) (Date)

____ ______________________
(Witness) (Date)

The information disclosed to you may be from records protected by federal confidentiality rules (42CFR Part 2 or Section 191.656 R.S.). The federal rules and Missouri law prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2 or section 191.656. A general authorization for release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patients.