AUTHORIZATION FOR RELEASE OF MENTAL HEALTH RECORD

PORTLAND MENTAL WELLNESS | RYAN GRASSMANN, .MA. | COUNSELOR, LPC REGISTERED INTERN
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This form, when completed and signed by you, authorizes Portland Mental Wellness Group to release and receive protected information from your clinical record to the person you designate.

This authorization must be written, dated and signed by the client or by a legally authorized representative.

PATIENT NAME DATE OF BIRTH

PHONE

I AUTHORIZE **PORTLAND MENTAL WELLNESS GROUP** TO RELEASE AND RECEIVE MY PERSONAL HEALTH INFORMATION WITH THE INDIVIDUAL/AGENCY LISTED BELOW. THIS INFORMATION MAY INCLUDE INFORMATION ABOUT DIAGNOSIS, TREATMENT, AND SUBSTANCE USE:

NAME OF INDIVIDUAL/AGENCY | PHONE NUMBER

ADDRESS | CITY, STATE | ZIP

DATES OF TREATMENT

By initialing the spaces below, I specifically authorize the release of the following records, for the purposes of continued care:

	INITIALS
INTAKE REPORT INCLUDING DIAGNOSTIC IMPRESSIONS	
PROGRESS NOTES IN CONTINUED CARE	
OTHER	

1. I understand that I may revoke this authorization at any time by notifying PORTLAND MENTAL WELLNESS GROUP at the address indicated above, in writing, and this authorization will cease to be effective on the date notified except to the extent action has already been taken in reliance upon it.
2. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information, such as substance abuse treatment information and mental health information.
3. I understand my refusal to sign this Authorizaton will not jeopardize my right to obtain present or future treatment.
4. I understand that I can request a copy of this form after I sign it.
5. Unless otherwise revoked, this authorization expires **12 months** after the date of my signing the form.

SIGNATURE DATE

SIGNATURE OF AUTHORIZED REPRESENTATIVE