

**Behavioral Health Release of Medical Information and
Coordination of Care Form**

Release of medical information from _____ to _____
(Practitioner Name) (Practitioner Name)

Patient Name: _____ DOB: _____

Member Number (ID)/Social Security Number: _____

Records to be released:

- All health records Health records related to drug/alcohol/substance abuse
- Health records related to emotional/mental/developmental disabilities/psychiatric conditions
(excludes psychotherapy notes)
- Other: _____

I authorize the above checked records to be released as indicated above.

Patient's Signature Date

I do not authorize information about my physical/behavioral health treatment to be released:

Patient's Signature Date

Cancellation/Expiration: I understand that I may cancel this authorization at any time by sending my health care providers my cancellation notice in writing. I understand that my health care providers may have already released records according to this authorization prior to receiving my notice of cancellation.

Unless Cancelled this authorization expires: _____

Health Care Coordination Information

Treatment start date: _____ ICD-9 DX: _____
DSM-IV DX: _____

Medication Managed by: _____

Medication/Dosages:

- 1. _____ 2. _____
- 3. _____ 4. _____

Treatment Plan: _____

If there is additional information you feel I should know in order to provide the best possible care to this patient, especially any coexisting medical conditions, or if you would like to discuss treatment, please contact me.

Practitioner's Signature Date Telephone

Confidential Protected Health Information. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. It is being delivered to you after appropriate authorization from the patient/member or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient/member consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.