PILIPIS BEHAVIORAL GROUP LLC – 152 S 9TH ST, NOBLESVILLE, IN 46060

AUTHORIZATION FOR RELEASE OF INFORMATION/RECORDS

Name of client:			
Date of birth:	/ /	SNN:	

Please fill out one authorization per each person
I understand that for this form to be valid all information requested must be filled out.

I authorize the specific provider selected below:

[ ] Dr. Lois Pilipis [ ] Ms. Jessica Purvis [ ] Dr. Ron Westrate [ ] Dr. Michael Gray

To exchange the below-specified information regarding myself or the client to the individual listed below:

Name: (Name of person or facility)		Relationship to Patient:	
Address: (Street Address, City, State,ZIP)			
Email address:		Phone: ( ) -	Fax: ( ) -

The information to be disclosed is marked below:

[ ] **ALL records/information**

--OR--

[ ] Admission/discharge information [ ] Treatment plan [ ] Scheduled appointments

[ ] Compliance with treatment [ ] Progress notes [ ] Discharge plans

[ ] Psychological evaluation [ ] Treatment summary [ ] Other:_____

Please list the purpose(s) that this release serves: _____

_____

HIV-related information and drug and alcohol information contained in these records will be released under this consent unless indicated here:

[ ] Do NOT release HIV-related information [ ] Do NOT release drug and alcohol information

I have had explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the likely consequences and implications of their release. This request is entirely voluntary on my part. I understand that I revoke this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire automatically after 180 days from the date on which it is signed, or upon fulfillment of the purposes stated above.

Client name: _____ **Signature:** _____ **Date:** ____/____/_____

Guardian/Rep. name: _____ **Signature:** _____ **Date:** ____/____/_____

Witness name: _____ Signature: _____ Date: ____/____/_____