

LifeSpring Health Systems
(812)280-2080
Authorization to Release/Obtain Patient Information

Patient Name: _____ **Date of Birth:** _____

Address: _____

Authorization to Disclose (patient/guardian must initial appropriate item)

_____ I authorize LifeSpring Health Systems to release confidential patient information to:

_____ I authorize the release of confidential patient information to LifeSpring Health Systems **from**:

Agency/Person: _____

Address: _____

Phone: _____

Purpose or Need for Disclosure (patient/guardian must initial appropriate item)

_____ Continuity of Care

_____ Legal Proceedings

_____ Insurance

_____ Personal Request

_____ School Collaboration

_____ Other: _____

Type of Information to be Disclosed (patient/guardian must initial all appropriate items)

_____ **Standard** Documentation Set. Includes any and all treatment records including evaluations of psychiatric, and/or psychological conditions, **alcohol & drug use**, treatment summaries, referral information, progress notes, lab tests including **HIV or AIDS** testing, medications, diagnoses, and billing information. **Excludes** psychotherapy notes pursuant to 45 C.F.R. § 164.508.

_____ Other, specify limitations: _____

I understand this authorization will expire as noted below.

180 days from signing

Waiver: I understand my records are protected under State and Federal confidentiality laws and HIPAA Privacy Regulations and this consent would normally expire by law after a period of 180 days; however, I expressly waive the 180 day limitation and consent to disclose and exchange information with the above entity until 60 days after termination of LifeSpring services unless sooner revoked by me orally or in writing.

Signature of Patient

(Signature required if over the age of 18 and/or if alcohol or drug use is present)

Authorized Signature & Relationship to Patient

Check Status: _____ Parent _____ Legal Guardian _____
Legal Assigned Custodian _____ Other

Date of Signature: _____

Witness: _____

Revocation/Expiration:

This authorization is not required as a condition of treatment and may be revoked at any time. However, revocation does NOT affect information released by this authorization prior to revocation, or information to be released for billing purposes or other purposes according to law. Unless waived or revoked, this authorization expires upon LifeSpring's termination of patient care and receipt of payment for all services.

Prohibition of Redisclosure:

This release does not authorize subsequent disclosure by its recipients. If the record contains drug or alcohol information, it may be protected by Federal Confidentiality Rules (42CFR Part 2). The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict the use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Revoked by: _____ Date: _____