Acclaim Behavioral Services, LLC

Release of Information

I hereby authorize an exchange of the following protected information of:

Patient Name:_____ D.O.B._____

Between: **Acclaim Behavioral Services, LLC** and _____
2400 Tamarack Avenue, 2nd Floor _____
South Windsor, CT 06074 _____
Phone: (860) 539-6779 _____

PURPOSE OF RELEASE: _Coordination of Care_____

SPECIFIC INFORMATION TO BE RELEASED:

- ☐ History and Physical
- ☐ Psychiatric Records
- ☐ Outpatient Treatment Notes
- ☐ Phone Communication between parties
- ☐ Other (specify) _____
- ☐ Social / Emotional / Academic Functioning at School
- ☐ School Attendance Records
- ☐ Psychological and / or Educational Evaluations
- ☐ IEP Plans

DATES: Covered by this authorization are from: _____to_____

It is my understanding that this information will be used solely for the purpose described above. I understand that the information which I am authorizing to be released may include psychiatric diagnoses and or drug/alcohol related information.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy rule.

I understand that I may revoke my permission in writing at any time. Any actions Acclaim Behavioral Services, LLC may have taken before receiving notice that the consent has been revoked would not be covered by the revocation. I hereby release, Acclaim Behavioral Services, LLC and its duly authorized agents from all legal responsibility or liability for the release of information indicated and authorized herein.

I understand that my care provider generally may not condition mental health services upon my signing an authorization unless the mental health services are provided for the purpose of creating health information for a third party.

A fax or photocopy of this form is considered valid.

Patient's Name: _____ DOB: _____

Parent/Guardian Signature: _____ Date: _____

Relation to Patient: ☐ Parent ☐ Legal Guardian ☐ Foster Parent ☐ Other _____

Witness: _____ Date: _____