

NAME OF PATIENT: _____ PATIENT'S BIRTHDAY: _____

I hereby authorize Aurora Behavioral Health Care/CHARTER OAK HOSPITAL, its agents, employees, and/or servants to disclose my psychiatric and/or substance abuse records, and information obtained in the course of my diagnosis and treatment at this facility to:

_____ () ()
AGENCY/FACILITY/PHYSICIAN/SCHOOL ATTENTION OF Phone # Fax #

_____ STREET CITY/STATE/ZIP CODE

FOR THE FOLLOWING PURPOSES:

- CONTINUING CARE BY THE RECEIVING FACILITY/DOCTOR/THERAPIST
- LEGAL PROCEEDINGS OR ADVICE ASSISTANCE BY THE ABOVE NAMED AGENCY
- ARRANGE FOR RESIDENTIAL TREATMENT EDUCATION PLANNING
- OTHER: _____

SUCH DISCLOSURE SHALL BE LIMITED TO THE FOLLOWING SPECIFIC INFORMATION:

- FACE SHEET PSYCHIATRIC HISTORY AND MENTAL STATUS EXAM
- DISCHARGE SUMMARY LAB AND X-RAY REPORTS
- AFTERCARE PLANS MEDICATION RECORDS
- TREATMENT PLANS "MY MEDS" RECORD
- MEDICAL HISTORY AND PHYSICAL EXAM
- OTHER(SPECIFY): _____

This consent is subject to revocation by the undersigned at any time, except to the extent that action has been taken in reliance thereon and if not earlier revoked it shall terminate one year from the date of signing.

Release or transfer of the disclosed information to any person or entity not specified herein is prohibited by law. An additional consent must be obtained for further usage or transfer of disclosed information.

I am fully aware that certain State and Federal Statutes and Regulations require that I voluntarily and knowingly sign this document before Aurora Behavioral Health Care can release any records, and that I may refuse to sign my signature, but in that event the record cannot and will not be released or disclosed by Aurora Behavioral Health Care.

Dated: _____ Time: _____ (_____) _____
SIGNATURE OF PATIENT TELEPHONE #

I have received a copy of this authorization. Patient Initial: _____

Dated: _____ Time: _____
SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE OF PATIENT (indicate which)

Dated: _____ Time: _____
WITNESS

Dated: _____ Time: _____
SIGNATURE OF PHYSICIAN/THERAPIST (when applicable)

INFORMATION FOR INFORMED CONSENT

The confidentiality of medical, psychiatric and substance abuse information is protected by State and Federal Statutes, Rules and Regulations (including: California Confidentiality of Medical Information Act; California Administrative Code, Title 22; California Welfare and Institutions Code, Section 5328; and Title 42 of the Code of Federal Regulations). These Statutes, Rules and Regulations require that the patient give informed consent prior to the release of any health/hospital records or information, except as specifically provided for within the Statutes, Rules and Regulations.

A consent to release health/hospital information will be considered valid only when it states: 1) who will release the information; 2) who will receive the information; 3) the purpose for which the information will be used; 4) what specific information will be released; and, 5) when the consent will expire. The consent must also contain the patient's/authorized representative's signature and the date of the signature. This Consent to Release Information waives any and all rights that the patient now has or may in the future have to bring any legal action against the releasing person/facility for any damages caused directly or indirectly by the release of this information or other confidential information.

All patients between 12 years and 18 years must consent to the release of their hospital information. The consent of their parent or authorized representative is required for patients who are conservatees under the Lanterman-Petris-Short Act. (This does not include conservatees under the Probate Code.) Authorized representatives signing for the patient must submit copies of the legal documents supporting the assignment of this authority.

The confidentiality of alcohol and drug abuse patient records maintained by this hospital are protected by Federal law and regulations. Generally the hospital may not say to a person outside the hospital that an individual is a patient or identify the patient as an alcohol or drug abuser unless:

(1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a hospital is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the hospital or against any person who works for the hospital or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 USC 290dd-3 and 42 USC 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)