



AUTHORIZATION FOR RELEASE/REQUEST OF HEALTH INFORMATION

I, _____, hereby authorize the use or disclosure of my health information as described below. The following person(s) or organization is authorized to make the disclosure.

Name: _____
Address: _____

The type and date(s) of information to be used or disclosed is as follows:

Purpose for disclosure: _____

I understand that the information in my health record may include information relating to sexually transmitted infections, Acquired Immunodeficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

This information may be disclosed to and used by the following person(s) or organization:

Name: _____
Address: _____

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _____. (If left blank, authorization will expire six (6) months from signing).

I understand that authorizing the disclosure of this health information is voluntary. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524 and RCW 70.02. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and may not be protected by federal or state confidentiality rules. If I have questions about disclosure of my health information, I may contact the Staff Psychology Program.

Employee signature (do not sign if form is not complete) Date Date of birth Social Security (last 4 digits)

Please direct written communication to:
Staff Psychology Program, 637 Woodland Square Loop SE, MS 41120, Lacey, WA 98503
State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

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