

AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, \_\_\_\_\_ hereby give permission:  
Name of patient/client Social Security Number

to my primary care physician or mental health provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to disclose to Dr. Grugle

my entire record, including progress notes, physical examinations, lab studies, and radiology reports. I also consent to mutual disclosure of information between my primary care physician or mental health provider and Dr. Grugle for the purpose of promoting my health.

The purpose for such disclosure is:

- to permit continuity of care.
- to permit case management (including reimbursement determinations) and processing of benefit claims.
- to enable my employer to make a determination on my employment status (including disability leave).
- other (specify): \_\_\_\_\_

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. If I do not revoke it, this consent will expire one (1) year after I have terminated treatment with Thomas A. Grugle, M.D. I understand that the specific information to be disclosed may include history of *Drug or Alcohol Abuse* or *Mental Health Treatment, information concerning communicable diseases such as Human Immunodeficiency Virus (HIV), and Immune Deficiency Syndrome (AIDS)*, laboratory test results, treatment progress, and any other such related information.

\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent, guardian, conservator or  
authorized representative (when required)

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of is be protected by federal and/or state law. Federal Regulation (42 CFR Part 2) prohibits you from making 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 42 CFR Part 2. **A general authorization for the release of medical or other information is NOT sufficient for this purpose.** The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.