Prime Behavioral Health
234 Copeland Street Ste. 320 Quincy, MA 02169 ~ 851 Main Street Ste. 4 So. Weymouth, MA 02190
Phone: 617.479.4545 ~ Fax: 617.481.5296

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: _____ Patient Date of Birth: _____

I authorize my provider(s) and staff at Prime Behavioral Health to release and/or receive information (medical, mental health, and addiction-related) to/from:

Name: _____ Phone: _____

Address: _____ Fax: _____

Information to be released (check one or more):

___Any/all treatment-related records or information (history, evaluations, all notes, studies, lab work, diagnosis, formulations, treatments, payment information, email correspondence and others [my entire medical record]).

___A summary of relevant parts of my care (relevance determined by my provider)

___Other: _____

Purpose of disclosure (check one or more):

___ To coordinate/plan care with other providers (for example with my therapist, specialist, or primary care provider)

___ To secure medical leave or disability (such as FMLA or medical leave from school)

___ Transition of care to a new provider

___ Other (i.e. legal, school/workplace accommodations): _____

I understand that the parties above may participate in periodic exchanges of information (written or verbal) for the purposes described above.

I understand that I have a right to meet with my clinician to inspect my medical, mental health and addiction treatment record.

I understand that Prime Behavioral Health providers/staff cannot be held responsible for negative consequences, including legal liability, that may arise as a result of their compliance with this request.

I understand that this consent may be revoked at any time, but any action that has been taken in reliance thereon cannot be changed.

I understand this authorization expires one year from (todays date) _____, unless specified here _____

By signing below, I attest that I have read this form, understand its content, and request that the above information be released/exchanged as specified.

Signature: _____ Date: _____

Witness: _____ Date: _____