



Authorization to Release/Request Confidential Information

Client Name: _____ Date of Birth: _____

I request protected health information (PHI) for the above named client from Behavioral Health to be:

Released and/or Requested

Send Information to/from:

Name: _____
Agency (if applicable): _____
Address: _____
Phone: _____ Fax: _____
Email address: _____

This information is requested for the purpose of:

- Further Medical Care Insurance Eligibility/Benefits Legal Action/Proceedings
Personal/Request of Service Recipient Treatment Coordination/Progress
Other (Please Specify)
*Substance Use

NOTICE TO RECIPIENTS: You are prohibited from disclosing the information to any other party and are required to destroy the information after the stated need has been fulfilled.

Information to be released: MDT/IEP Psychological Evaluation/Testing Treatment Summaries
Other

Release Format: Paper Electronic

Release Method: (check all that apply): Email Mail Fax Pick up Verbal Other:

By signing this authorization form, I understand that:

- I have the right to revoke this authorization at any time.
Unless revoked, this authorization will expire in one (1) year from the date signed or on the following date/event whichever occurs sooner.
Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this authorization.
Any disclosure of information has the potential for re-disclosure, and may not be protected by federal confidentiality rules.
Requests for copies of records may be subject to fees in accordance with applicable law.
If I request release by unencrypted email or another unsecure method, I have been warned of and accept the security risks to the information associated with the unsecure transmission, and Boys Town is not responsible for breach notification or liable for disclosures that occur in transit.

Print Client Name Signature of Client Relationship to Client Date

Boys Town Records: 1655 Palm Beach Lakes Boulevard, Suite 102
West Palm Beach, FL 33401

Phone Number: 561-612-6056
Fax Number: 561-612-6097