

Northwest Behavioral Medicine Authorization For Release of Information

Please fill out this portion of the form if you want another doctor to send your medical information to Northwest Behavioral Medicine.

Which Location Are you Visiting?

I,

Patient Name

First Name

Last Name

DOB

Month

Day

Year



SS#

Do hereby authorize Northwest Behavioral Medicine to release and disclose my confidential healthcare information to:

Phone #

Fax #

(Without this information, we are unable to submit your request.)

The purpose of this request is

I hereby authorize the following provider(s) to release my medical records. (Please check the following)

Dr. Michael Banov

Dr. Daniel Jay

Namita Patel

Karen Greenhood

Marla Fleming

Please check the information to be released to Northwest Behavioral Medicine

Academic and achievement record

Behavioral and social observations

Psycho educational testing including screening instruments, intelligence, and academic/achievement tests

Progress notes

Initial assessment Report

Billing Reports

Lab test results

Any and all information the provider deems necessary

Conditions

- The patient agrees to authorize the above named individual/organization to access his/her confidential healthcare information only for the purpose listed above.
- The information authorized to be released will not be covered under the federal privacy laws.
- The patient is voluntarily signing this authorization.
- The patient reserves the right to refuse to sign this authorization.
- The patient reserves the right to revoke this authorization at any time.
- This revocation must be in writing.
- The patient may receive a copy of the signed authorization.
- This authorization will be maintained by Northwest Behavioral Medicine for a period of six (6) years.
- This authorization is in effect from

to (length of time)

Upon the conclusion of that time period, this authorization is automatically revoked and no further use of the patient's confidential healthcare information is permitted beyond that date.

Signatures

Date



Month Day Year

NBM Representative:

Date



Month Day Year