P.B.S. MENTAL HEALTH ASSOCIATES, P.C.

An Affiliate of UPMC Behavioral Health Network

901 EAST BRADY STREET
SUITE 103
BUTLER, PENNSYLVANIA 16001
(724) 282-1627

PATIENT NAME: ____

ADDRESS: ____

DATE OF BIRTH: ____________________ **SOCIAL SECURITY:** ____________________

I, ______________________________, **HEREBY AUTHORIZE** ______________________

____

TO OBTAIN FROM/RELEASE TO AND COMMUNICATE WITH: ______________________

____

REGARDING INFORMATION FROM MY RECORDS, OR MY CHILD'S RECORDS, INCLUDING:

_____PSYCHOLOGICAL EVALUATION
_____PSYCHIATRIC EVALUATION
_____SOCIAL WORK REPORTS
_____DIAGNOSTIC OPINION
_____MEDICAL HISTORY/EVALUATION
_____DISCHARGE SUMMARY
_____CLINICAL AND/OR LAB TEST
_____DRUG/ALCOHOL DIAGNOSIS/TREATMENT
_____ABSTRACT
_____PSYCHOSOCIAL HISTORY
_____TREATMENT/AFTERCARE PLAN
_____HIV SCREENING
_____URINE DRUG SCREENS
_____OTHER____________________
____
____

FOR THE PURPOSE OF ____

THIS CONSENT WILL BEGIN ON THE DATE OF THIS AUTHORIZATION AND WILL EXPIRE ONE YEAR LATER, ON _______________. I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE THAT I HAVE READ THIS AUTHORIZATION PRIOR TO ITS EXECUTION AND FULLY UNDERSTAND THE NATURE OF THIS RELEASE. I UNDERSTAND THAT I CAN REVOKE OR CANCEL THIS AUTHORIZATION AT ANY TIME BY SENDING A LETTER TO THE PRIVACY OFFICER. IF I DO THIS, IT WILL PREVENT ANY RELEASES AFTER THE DATE IT IS RECEIVED BUT CANNOT CHANGE THE FACT THAT SOME INFORMATION WAS SENT OR SHARED BEFORE THAT DATE. TREATMENT IS NOT CONTINGENT UPON SIGNING THIS AUTHORIZATION. IF INFORMATION DISCLOSED TO THE ABOVE SPECIFIED PARTY IS REDISCLOSED BY SAID PARTY, IT IS NO LONGER PROTECTED BY PBS MENTAL HEALTH ASSOCIATES.

____
WITNESS/DATE

____
SIGNATURE/DATE (14 YRS AND OLDER)

____
SIGNATURE/DATE (PARENT/GUARDIAN)

THIS INFORMATION IS FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW (PL 92-202). FEDERAL REGULATIONS PROHIBIT MAKING ANY FURTHER DISCLOSURE WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT.