PsycHealth Care Management LLC.
Authorization to Exchange Patient Records or Information

Patient Full Name:____________________Date of Birth___/___/___Member ID#______________

Patient Address ____

I hereby authorize the following organizations and/or practitioners to release, obtain and exchange information:

☒ PsycHealth, Ltd ☒ Treating Behavioral Health Practitioners
☒ Primary Care Physician ☒ Other Treating Medical Specialists ☒ Parent/Guardian _____________

PCP Information

PCP Name: ______________________________	Address:______________________________
Telephone #: ____________________________	______________________________
Fax: #: ________________________________	______________________________

Specific Authorization is required for Release of Information for Mental Health/ Substance Abuse / HIV as mandated by State and Federal law.

In order for the specific information to be released the patient must initial by each applicable category.

__X__ Mental Health Evaluation & Treatment_______Substance Abuse Evaluation & Treatment _____HIV Records

For the purposes of: ☒ Coordination of Care

CLINICAL INFORMATION:

Diagnostic Impression:
Medications:
Recommendations/Suggested Treatment Plan:
Coordination of Care Concerns:

I understand I have the right to inspect and copy any written information to be disclosed. I understand I have the right to revoke this authorization at any time, in writing- however written notice shall have no effect on information previously released in good faith. I understand that failure to sign this authorization may hinder the above indicated purpose being achieved.

______________________________	____________________	____________________________
Signature of Patient/Representative/Legal Guardian	Relationship to Patient	Date of Signature/Authorization

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Witness

This authorization is valid for one (1) year from the date signed unless another date is provided here: _____/_____/_____

Once completed, please fax (847-864-9930) or mail to:
PsycHealth Care Management LLC. P.O. Box 4973, Skokie, Illinois 60076