

17101 Snowmobile Lane Suite 109 Eagle River, AK 99577 Office: (907) 726-0426 Fax: (907) 726-2926 thetalkingplace@gci.net www.thetalkingplace.org

Authorization to Use and Disclose Health Information

| Notice: This request is not valid unles Patient Identification: | s all requested infor | mation is pro | vided. | |
|---|---|--|--|--|
| | | Date of Birth: | | |
| Address: | | City: | State: Zip: | |
| Home Phone: | Cell Phone: | | Work Phone: | |
| Release To/From:Name: | | | Phone: | |
| Address: | | | | |
| | | | ounseling, PCPhone: <u>(907) 726-0426</u> | |
| Address: <u>17101 Sr</u> | <u>nowmobile Ln Suit</u> | e 109 Eagle I | River AK 99577 Fax: <u>(907) 726-2926</u> | |
| Information To Be Released: | | | | |
| | *** Please <u>INIT</u> | IAL each line *** | | |
| Diagnosis/ Procedure Note | | | | |
| Social History | | | | |
| School/Vocational/Work Info | rmation | | | |
| Communication; verbal, writt | en, electronic | | | |
| Insurance and Patient Billing | | | | |
| | *** Please | NITIAL *** | | |
| Receive By: Mail, Fax, Pick up, Oral Exchange ,E-mail | | | | |
| *** PleaseINITIAL each line *** | | | | |
| Purpose of Request: | Treatment | | Insurance | |
| information in my health record may include records sensitive information. Expiration & Right to Revoke Authorization: Except to the extent that action has already been tak writing. Unless revoked earlier, this authorization is v information will be shared for professional use only a Re-disclosure: | relating to sexually transmit en in reliance on this authori valid for one year from the da nd that confidentiality will b | ted diseases, drug a zation I may revoke ate below and must e maintained. | a this form to ensure treatment. I understand that the ind/or alcohol abuse treatment, psychiatric care or other this release in writing at any time by submitting a notice in be renewed for use beyond that time. I understand that this ecipient and no longer protected by federal privacy laws or | |
| Signature of Client or Guardian | Date | 2 | | |
| Witness | Dat | | | |
| | g Place, Child and Adolescen 101 Snowmobile Lane Suite | | | |

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