PAR REHAB SERVICES
RELEASE OF INFORMATION

The information released in this authorization is confidential. Further disclosure of this information is prohibited unless otherwise permitted by Federal and State laws.

Patient Name: _____ **Date of Birth:** _____

I hereby authorize PAR to release and/or obtain written and verbal information with the individuals listed, and under the conditions specified below:

Information will be released to / obtained from: **(one individual or office per release, please)**

_____

Name Phone Number

_____

Address Fax Number

Information to be released and/or obtained:

___ Psychological/Neuropsychological Report
___ Psychiatric Records
___ Progress Notes
___ Verbal Communication
___ School Records
___ Hospital/Medical records
___ Substance Abuse
___ Other: _____

The purpose for the disclosure is to assist in the development of a medical treatment plan.
My signature indicates that I know what information is being released, and any consequences that may arise as a result of my signing this authorization, or refusing to sign. I have read this form, or had it read to me and explained in language that I can understand. All the blank spaces have been filled out except for my signature and the dates. This consent may be revoked in writing at any time, except to the extent that action has been taken in reliance on it. Unless this consent has been revoked in writing, it will automatically expire one year from the date signed.

_____ _____

Patient Signature (Parent/Guardian if Patient is a Minor) Date

_____ _____

PAR Employee Date

Authority: from mental health services: Michigan Mental Health Code, PA 258 of 1974 as amended. For substance abuse services: Federal requisitions governing confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR part two and PA 368 of 1978, Michigan Mental Health Code. For HIV, AIDS, and ARC related conditions: PA 271 of 1981, PA 488 of 1989. For communicable and infectious disease records (including venereal disease and TB records) as defined by the Michigan Department of Community Health.

PAR Rehab Services, 3960 Patient Care Dr., Ste. 104, Lansing, MI 48911