Authorization to Release Patient Information

FAMILY AND MEDICAL COUNSELING SERVICE, INC.
2041 Martin Luther King Jr. Ave, SE, Suite 200
Washington, DC 20020
Phone: (202) 889-7901
Fax: (202) 350-5904

Child's Date of Birth: _____ Last four digits of SSN: _____

I, _____, authorize _____ to release the following information
Name of Parent/Legal Guardian Name of Organization

about my child _____ to _____
Name of Child Name of Provider

			From Date	To Date
☐ **Laboratory Results**	☐ Most recent	or	_____	_____
☐ **Immunization Records**	☐ Most recent	or	_____	_____
☐ **Progress/Treatment Notes**	☐ Most recent	or	_____	_____
☐ **Consult Reports**	☐ Most recent	or	_____	_____
☐ **Other:** _____	☐ Most recent	or	_____	_____
☐ **Complete Medical Record**				

For the following purpose: _____

***** Please fax all requested documents to (202) 350-5904 or mail to the above address. *****

OPTIONAL (if selected, client must initial)

☐ This authorization covers current information AND information created within 12 months after the date signed below _____
Initial here

My consent is subject to revocation at any time, via a written request signed by me, unless information has already been released in response to this authorization. Information disclosed to the above-named individual or organization may be re-disclosed by them and may no longer be protected by federal privacy laws or regulations. If not previously revoked, this authorization will expire one year from the date of my signature below. I understand that I have a right to a copy of this signed Authorization to Release Client Information form.

Signature of Parent/Legal Guardian _____ Date _____

Signature of Witness _____ Date _____

This information has been disclosed to you from records whose confidentiality is protected by federal law 42 CFR Part 2. Federal regulations and District of Columbia laws prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical information is not sufficient for this purpose. Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.