

		MRN:					
<u>PATIENT</u>	<u>AUTHORI</u>	ZATION FOR DI	SCLOSURE OF PS	SYCHOTHER!	APY NOTES	ONLY	
INSTRUCT	TIONS						
Fill in the ap	propriate info	mation in each applic t be completed for ea		date the form. Inc	omplete forms v	will be returned	to you unprocessed. A
Patient Full Name:		t be completed for ea		Maiden Name:			
		ast	First	Initial	_		
Date of Birth	h:	Last 4 digit	s SS#:		Sex: M/F	Γelephone:	()
Address:	Street:						
	City:			State:		Zip:	
below. This care; alcohol immunodefic	authorization l and drug abus ciency syndron	nt identified above, we is for the disclosure of the treatment; psychologie (AIDS) or AIDS r	horize Henry Ford Hea which includes information of psychotherapy notes of ogical and social work of elated complex (ARC); patitis; demographic info	ion that may be sto only. However, su counseling; human communicable dis	ored in a paper a ach notes may con immunodeficie seases or infection	nd/or electronic ontain informat ency virus (HIV ons, including s	ion on general medical f) or acquired sexually transmitted
1. Name	or title of pers	on or organization an	d address to whom info	rmation is to be:			
Dis	closed To:			Reque	ested From:	Henry Fo	ord Health Systems
				_			
		Address		_		Address	
2. The ps	sychotherapy n	otes to be disclosed a	re for the dates of serv i	ice indicated below	v.		
				· <u></u>			
				·			
				<u> </u>			
3. This au	uthorization is	valid only if received	by Henry Ford Health	System within 60	days of the date	signed	
_	-	eatment settings: Thi	s authorization expires (date cannot exceed or				nitted in this
			e. Revocations to this a used pursuant to this aut		be presented in	writing. Revoc	cation will not apply to
6. My cai	re or treatment	will not be condition	ed on signing this author	orization.			
			osed under this authoriz ore the privacy of perso				
			ing services reserve the ly to a treating physicia			l copying infor	mation. This fee is
Signature:				Relationship (i	f other than patient	t):	
<i>G</i>		rent of Minor, Legal C tive, Heir at Law, Per			-	Date:	
	Kepresenta	uve, rien at Law, Pel	SOII UIIUCI a FUA			Date.	

If Legal Guardian, Personal Representative or Power of Attorney, a copy of appropriate documentation is necessary for release.