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Authorization for Disclosure of Health Information

Client Information	Client Name: _____ Date of Birth: _____ Previous Name(s): _____ Address: _____ Phone #: _____ City: _____ State: _____ Zip Code: _____ E-mail Address (Optional): _____	
I Authorize	**Bestwood Agency LLC** To do the following: ☐Release To ☐ Receive From ☐Both Release & Receive	Contact Name/ Department: _____ Agency Address: City/State/Zip Phone
With	Agency/ Name: _____ Phone #: _____ Address: _____ Fax #: _____ City: _____ State: _____ Zip Code: _____ E-mail Address (Optional): _____	
What do you want released?	☐Record Dates between: _____ to _____ ☐Verbal ☐Diagnostic Assessment/ DA Update/ Comp Eval ☐Progress Notes ☐Treatment Plans ☐Functional Assessment/DLA 20 ☐ Psychiatric Eval ☐Medication Notes ☐Psychological Eval ☐Summary of Services ☐School Records ☐Screening Tools ☐Social Services ☐Benefits/ Financial ☐Legal/ Court/ PO ☐Billing Records ☐Other: _____	
Purpose of Release	☐ Coordination of Care ☐Client Request/ Personal ☐Legal/ Court ☐Insurance Company ☐Financial/ Billing ☐Family Request ☐PCP Letter ☐Other (Please Specify): _____	
Substance Use Disorder (SUD) Special Consent	Per Federal Rule 42 CFR, part 2 this section must be completed to release SUD records. ☐Dates of Service is REQUIRED between: _____ to _____ ☐ SUD Assessment ☐SUD Weekly Summary Notes ☐SUD Discharge Summary ☐ Monthly Tx Plan Review ☐SUD Verbal ☐Other: _____	
Preferred Method	☐Mail ☐Fax ☐E-mail ☐Pick-Up	
Authorization	This authorization will expire one year from the date of the signature below unless there is a different date/event indicated on the right. Client Signature: _____ Expiration Date: Date: _____ I am signing as an authorized representative of the client, I am: ☐ Parent of a Minor ☐ Court Appointed Guardian/ Conservator Parent/ Guardian Signature: _____ Date: _____	

Disclaimer: Bestwood Agency LLC may not condition my treatment, payment, enrollment, or eligibility for benefits by signing this authorization. Bestwood Agency LLC cannot prevent the re-disclosure of records released because of this request, and after information is released from Bestwood Agency LLC, the records may not be subject to the Federal Privacy Rule Laws. SUD Records- The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR, part 2. A photocopy of this authorization will be treated in the same manner as the original. I have the right to revoke this authorization at any time by giving written notice to Bestwood Agency LLC. I understand that the revocation will not apply: 1) to information that has already been released in response to this authorization, or 2) to my insurance company as the law provides my insurer with the right to contest a claim under my policy.

Guidelines for Completing the Bestwood Agency LLC Authorization for Disclosure

Client Information: Complete this entire section with clear and legible writing so the information identifies the client whose information is being requested/ released.

I Authorize: Please check by either: 1) Release To, 2) Receive From, or 3) Both Release & Receive. If you choose only "Release To" Bestwood Agency LLC can only share information; If you choose only to "Receive From" Bestwood Agency LLC CANNOT share any information; If you choose "Both Release & Receive" Bestwood Agency LLC may share and receive information from the agency/ name listed on the form.

With Agency/ Name: Indicate clearly and legibly where or whom you wish to send/ receive information with. Be as specific as possible.

What do you want Released? The purpose of this section is to have us share the information you want us to. Only the specific information checked will be released. If no dates are specified, we will only release the most recent DA and 3 progress notes. Minimum Necessary means we will use the least amount of information possible to accomplish the desired task. Select "Verbal" if you want us to release or obtain information verbally with the listed releasing/ obtaining party. Verbal is all inclusive. "Screening Tools" will include: SDQ/ CBCL, PHQ-9, and Locus.

Purpose of the Release: Identify the reason you need to release/ request information. This helps Bestwood Agency LLC appropriately provide care and track releasing of confidential information. It informs us who may be responsible for the cost of medical records being released and is required on each release. *Fees may be charged in accordance with MN statutes 144.292 and Federal Rule 45 CFR 164.524 (where applicable).

Substance Use Disorder (SUD) Special Consent: This section must be completed to allow previous agencies to release SUD records on your behalf. This information is protected by Federal Confidentiality Rules (42 CFR, Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. The dates of special consents are required to release SUD records. Select "Verbal" if you want us to release or obtain SUD information verbally with the listed releasing/ obtaining party. Verbal is all inclusive.

Preferred Method: This tells us how you would like your information provided. We can print and mail the documents, send them by fax, CONFIDENTIAL email, or we can print the records and make them available for you to pick-up at one of our locations.

Authorization and Revocation: Signing this form (or having the parent/ legal guardian sign for the client) will grant authorization to share/ receive confidential information. Please sign and date this form to validate this authorization. If signed by someone other than the client or parent of a minor, you will be required to provide written proof of your authority (legal paperwork). This authorization will automatically expire in one year from the date signed unless a different date or event has been identified, not to exceed 5 years per (144.293, Subd. 4) from the date signed. This authorization can be revoked at any time by your written request to Bestwood Agency LLC.

- You may only enter one entity, clinic, or individual per Release of Authorization of Disclosure.
- If requesting records, please allow 7-10 business days for processing of the Release of Information (ROI). In some cases, it can take up to 30 days (45 CFR 164.524(b)(2)(i).