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Authorization for Disclosure of Health Information (ROI)

Client Name _____

(First, middle, last)

Date of Birth _____

Street Address _____ City _____

State _____ Zip _____

Phone Number _____ Secondary Phone number _____

I authorize Bestwood Agency, LLC., (Bestwood Agency IRTS) to do the following:

- Release to
- Receive from
- Both Release and Receive

Bestwood Agency IRTS Contact Name

With which external agency/person should we release/request records?

Name	
Address	
Phone Number	
Fax Number	
E-mail address	

What information do you want released/requested?

Record dates between:

What types of records should be released/requested?

- | | |
|--|--------------------------|
| <input type="checkbox"/> Verbal | SUD Assessment Summary |
| <input type="checkbox"/> Diagnostic Assessment/DA Update/Comp Eval | SUD weekly summary Notes |
| <input type="checkbox"/> Progress Notes | SU Discharge Summary |
| <input type="checkbox"/> Treatment Plans | Rule 25/CD Eval |
| <input type="checkbox"/> Functional Assessment | SUD Verbal |
| <input type="checkbox"/> Psychiatric Eval | |
| <input type="checkbox"/> Medication Notes | |
| <input type="checkbox"/> Psychological Eval | |
| <input type="checkbox"/> Summary of Services | |
| <input type="checkbox"/> School Records | |
| <input type="checkbox"/> Screening tools | |
| <input type="checkbox"/> Social Services | |
| <input type="checkbox"/> Benefits/financial | |
| <input type="checkbox"/> Legal/court/PO | |
| <input type="checkbox"/> Billing records | |
| <input type="checkbox"/> Discharge Summary | |
| <input type="checkbox"/> Other _____ | |

What is the purpose of the release?

- Coordination of care
- Client request/personal
- Legal/court

- Financial/billing
- PCP Letter
- Other

Preferred method to release/request records?

- Mail
- Fax
- Email
- Pick Up

Authorization

This authorization will expire one year from the date of the signature below unless there is a different date/event indicated.

Date: _____ Client Signature: _____

Disclaimer: Bestwood Agency may not condition my treatment, payment, enrollment, or eligibility for benefits by signing this authorization. Bestwood Agency cannot prevent the re-disclosure of records released because of this request, and after information is released from Bestwood Agency, 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 the staff at Bestwood Agency. 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 without the right to contest a claim under my policy.