Northwest Behavioral Medicine
Authorization for Release of Medical Information to

I, (Patient Name) __________________________, DOB ____________, do hereby authorize Northwest Behavioral Medicine to release and disclose my confidential healthcare information to:

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Phone # ____________________________ Fax # _____________________
(Without this information, we are unable to send your records efficiently)

The purpose of this request is: ____

I hereby authorize the following provider(s) to release my medical records.
(Please check the following)

☐ Dr. Michael Banov ☐ Dr. Daniel Jay ☐ Marla Fleming ☐ Karen Greenhood

☐ Doug Stahel ☐ Dr. Amy Hostetter ☐ Dr. Stacey Heit

Please check the information to be released:

☐ Academic and achievement record
☐ Behavioral and social observations
☐ Psycho educational testing including screening instruments, intelligence, and academic/achievement tests
☐ Progress notes
☐ Initial assessment Report
☐ Billing Reports
☐ Lab test results
☐ Any and all information the provider deems necessary

Conditions:

- The patient agrees to authorize the above named individual/organization to access his/her confidential healthcare information only for the purpose listed above.
- The information authorized to be released will not be covered under the federal privacy laws.
- The patient is voluntarily signing this authorization.
- The patient reserves the right to refuse to sign this authorization.
- The patient reserves the right to revoke this authorization at any time. This revocation must be in writing.
- The patient may receive a copy of the signed authorization.
- This authorization will be maintained by Northwest Behavioral Medicine for a period of six (6) years.
- This authorization is in effect from _____________ to _______________ (length of time). Upon the conclusion of that time period, this authorization is automatically revoked and no further use of the patient's confidential healthcare information is permitted beyond that date.

Signatures:

Patient Signature ____________________________________ Date___________________________
NBM Representative: ________________________________ Date __________________________

08/07/15