

# THE MENTAL HEALTH CENTER OF GREATER MANCHESTER

## Authorization for Release of Information

(Please complete ALL sections. Missing information may cause delays or the inability to retrieve your records)

RELEASES CAN TAKE UP TO 15 BUSINESS DAYS TO PROCESS.

**FEES:** There may be a charge for copying records. Please be as specific as possible about the information you are requesting, as well as the treatment date range.

Please print patient name (name of person receiving services) Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
 Previous Name (if applicable): \_\_\_\_\_  
 Release/Obtain medical records      Speak to/discuss with  
 Both release/obtain medical records and discuss information with

Facility/Provider/Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Protected Health Information to be released:**

What do you want shared? Check appropriate boxes.

Complete Record (Please be aware that by checking this box you could receive and possibly be charged for items from the record that may not be necessary such as demographic information)

**OR check items below and complete date range section**

- Assessments     Treatment Plans/Reviews     Progress Notes     Summaries     Treatment Status
- Insurance/Billing     Diagnosis     Letters/Forms     Demographics Info     Medical Screening
- Legal Docs (specify; e.g., CD, Guardianship) \_\_\_\_\_
- Research Records - include all items protected under a Certificate of Confidentiality  Yes  No
- Physician Orders/Med List (NOTE: Your medication history may include dates outside the "treatment dates" specified above.

Date(s) of service: From: \_\_\_\_\_ (REQUIRED)  
 Continues through my current episode of care

**OR**

To (Date): \_\_\_\_\_  
 (We do not accept "All" for dates of service)

Is this request for us to obtain psychotherapy notes? (these are notes that exist outside the patient record)  
 Yes, then this is the only item you may request on **this** authorization

It is extremely important that you select either "YES" or "NO" for each item contained in this section.



**IMPORTANT**

Yes      No

	Attorney/Legal	Discharge Planning	Care Coordination	/Benefits Treatment Planning
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