

AUTHORIZATION TO DISCLOSE / OBTAIN / ACCESS INFORMATION

Print Patient/Client Name	Date of Birth	Medical Re	cord Number	
I hereby authorize Wheeler and its staf	f to: (check one or both)			
	s to) information about me and my medical/service/e ess to) information about me and my medical/service			
TO/FROM: Name and Address of third	l-party organization or individual:			
Name:		Phone:		
Street Address:	City:	State:	Zip:	
diagnosis or treatment of my psychiatr	osed/accessed might include my service, treatment ic disabilities, substance use, disabilities, medical obtained/disclosed in verbal, written and/or electr	dental conditions, or		
The PURPOSE(S) of this disclosure is/ar	e as follows:			
 □ Treatment planning, communication, coordination □ Discharge planning and referral 	☐ Court-related or legal		At request of individual (no statement of purpose necessary)Other (specify):	
	☐ Disability determination or re-determination	-		
	☐ Educational/IEP Planning			
I understand that: • Under the applicable law the information	to be obtained/disclosed is the entire record/all info		•	
I understand that: • Under the applicable law the information may not be protected by federal privace. • I may revoke this authorization in writing not have any effect on actions taken by. • I may receive a copy to inspect the info. • I may refuse to sign this form and that reconfidential HIV-related information the subject of an HIV test, or has HIV, HIV identify the client as having one or more person with whom the client shared ne. • If the patient/client is under age 18 and	on disclosed under this authorization may be subject to by regulations. In a tany time by contacting the Wheeler Central Recommendation of the recipient organization before it receipments to be used or disclosed by this authorization, may refusal to sign this authorization will not jeopardicat may be disclosed includes whether the client has law-related illness or AIDS, and also could include informer of such conditions, including information pertaining	to further disclosure by the cords Unit at (860) 793-ved my written revocation of the right to obtain probeen counseled regarding ormation that identifies on the client's spouse patient mental health in	the recipient and thus 3843, except that it will ion/restriction request. esent or future treatment g HIV, has been the or reasonably could, sexual partner, or records for treatment	
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91 Northwest Drive • Plainville, CT 06062 • Tel: 888-793-3500 • Fax: 860-793-3520 • www.wheelerclinic.org

NOTICES

HIV/AIDS-related information

In the event that information released constitutes confidential HIV-related information protected under Connecticut law: This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Psychiatric or Social Work Records and Communications

In the event that information released constitutes privileged psychiatrist-patient, psychologist-patient, or social worker-patient communications:

The confidentiality of this record is required under chapter 899 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written consent or other authorization as provided in the aforementioned statutes.

Drug and Alcohol Abuse Records

In the event that information released is protected by the federal Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. 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 to whom it pertains or as otherwise permitted by 42 C.F.R. 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.