

CONSENT TO RELEASE INFORMATION

FAMILY DEVELOPMENT SERVICES, P.C.

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Thomas G. Bowers, Ph.D.

Carla K. Towsey, Psy.D.

RE: _____

DOB: _____

Organization/Individual:

I hereby authorize **Family Development Services, P.C.** to () release () receive information about services it has rendered to the above named organization/individual.

This information is for the purpose of: **Coordination of Care**

Such information may be transmitted under the conditions stated below, and/or as required by Federal or State statute or order of the court. This consent to release information is effective for a period of _____ from the date of signature.

Information to be released may include:

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Social/Developmental History | <input type="checkbox"/> Telephone Communication |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Treatment Summary | <input type="checkbox"/> Vocational Evaluation |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Educational Records |
| <input type="checkbox"/> Neuropsychological Evaluation | <input type="checkbox"/> Other _____ | <input type="checkbox"/> HIV/AIDS information |

I have read this form, and I understand its content and what it means. I understand that I may revoke my consent at any time by notifying Family Development Services, P.C. in writing and/or specifying a date, event, or condition upon which my consent will expire. I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Authorized Party Printed Name: _____

Witness Printed Name: _____

Client/Responsible Party Signature

Date

Witness Signature

Date

Relationship to Client: _____

To the agency or professional person receiving information with this release:

This information has been disclosed to you from records whose confidentiality is protected by State law. State regulations prohibit you from making any further disclosure without the prior written consent of the person to whom it pertains.

Update 12/06/2016