FAIRBANKS PSYCHIATRIC AND NEUROLOGICAL CLINIC, P.C.
CONSENT FOR RELEASE/EXCHANGE OF INFORMATION

Neurological Psychiatric Psychotherapy
(Circle one)

Patient Name _____

Date of Birth_____ Social Security # _____

I hereby authorize the Fairbanks Psychiatric and Neurological Clinic to:

____ Release information to: ___ Obtain information from: (Check both for reciprocal release)

Person/Agency/School: _____

Address: _____

City/State/Zip: _____

Phone # _____ Fax: _____

Information Requested
(Please initial)

____ Outpatient/Inpatient Records ____ Hospital Records ____ School Records ___ Verbal Information

(Please initial)

___ Diagnosis/work up notes ___ Intake/case notes/treatment plans ___ Mental Health Assessment
___ Psychiatric Evaluations ___ Substance abuse treatment ___ Other:
___ Termination Summary ___ Labs/X-rays/MRI's _____

Purpose of Information **(Please initial)**

___ Treatment Planning ____ Psychiatric information
___ Continued treatment ____ Psychotherapy Notes
___ Coordinate treatment ____ Substance Abuse information
___ Legal use ____ AIDS/HIV information
___ Employment/benefit assistance _____Other (specify) _____

This consent is good through _____(maximum of one year) and is given voluntarily in writing for the above stated purpose and will remain in effect until the expiration date unless it is revoked earlier. This consent may be revoked at any time, in writing, though does not change any action taken between the date of original signature and date of revocation. This document contains information that is privileged and confidential. Know that the information contained herein may not be disclosed to others pursuant to applicable federal and state law. Additionally, information in this message is protected by federal confidentiality law 42 CFR Part 2.

Patient Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Witness: _____ Date: _____

Please mail/fax the information requested to the following address or fax number:

Fairbanks Psychiatric and Neurological Clinic, PC
1919 Lathrop Street, Suite 220, Fairbanks, AK 99701
Phone: (907)452-1739 Fax: (907)452-2384

___send for records
___send ROI only
___release records _____ file ROI only _____Date ___mailed ___faxed ___picked up