AURORA MENTAL HEALTH CENTER

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AuMHC Contact Person: Fx 303.617._____ Ph 303.617._____

AU	THORIZATION 1	ΓO RELEASE I	INFORM	ATION	
Client Name (please print)	SSN	(last 4 digits)	Date of	Birth	CID
I authorize Aurora Mental Hea	alth Center to <u>exchang</u>	<u>e</u> information with	ı :		
Name of Person or Organization					Phone
Street Address					Fax
City / State / Zip Code					
The information to be disclosed	d includes the following	g <u>checked</u> document	tation:		
Medication History Service Plans Other	Psychiatric / Psy Lab Studies	ychological Evaluati	ions	Progr Disch	ress Notes narge Summaries
Dates include: Last 4 wee The purpose for the release is:	eks Last 6 month Continuity of ca	as Last year are Other	Other:	From	To
I UNDERSTAND that the informal cohol abuse; and that this informal include psychiatric and HIV / AI	mation is protected by f				
I UNDERSTAND that the informight be no longer protected by				e re-disclose	ed by the recipient and
UNDERSTAND that I may revo that the Center has already taken blank, two years from the date of	action on this request.	This Authorization v	will expire o	n	(date), or, if left
I UNDERSTAND that treatment Authorization.	, payment, enrollment o	or eligibility for bene	efits may no	t be condition	oned on signing this
This information has been disclosed Part164]. The federal rules prohibit permitted by the written consent of general authorization for the releas use of the information to criminally	you from making any fu the person to whom it per e of medical or other info	tected by federal conf rther disclosure of thi tains or as otherwise prmation is NOT suffi	identiality rud is information permitted by cient for this	les [42 CFR] n unless furth 42 CFR Part purpose. The	her disclosure is expressly 2 or 45 CFR Part 164. A
Signature of Client or Legal Rep	resentative		Date		
Please print name of Legal Repre If you are not the client, please Parent of minor / Guardian /	identify your authorit				
I hereby revoke this Authorization	on to Release Information	on.			
Signature of Client or Legal Rep	resentative		Date		
A copy or facsimile of this Authoral Records copied by (please initial		he original. Number of pages		/CD I	Date Copied