Behavioral Health Department
Alameda County Health
Karyn Tribble, PsyD, LCSW
Director

Authorization for Release of Confidential Information

(Please fill out both sides of this form)

Consumer's Last Name	First Name	Middle Name	Date of Birth

Street Address	City	Zip Code	Daytime Telephone

Social Security Number ***(Required)**

I, request that my protected health information (PHI) from:

Health Care Provider Name			Telephone

Street Address	City/State	Zip Code	FAX # (if known)

Be disclosed to: ACBHD – QA Office
Consumer Assistance
2000 Embarcadero Cove, Suite 400
Oakland, CA 94606

I authorize the following PHI to be released from my medical record(s):

- ☐ Emergency Room Record
- ☐ Laboratory Reports
- ☐ Radiology Reports
- ☐ Immunization Record
- ☐ Complete Medical Record (all pgs.)
- ☐ Other: _____
- ☐ Pathology Slides/Report
- ☐ Itemized Billing Records
- ☐ Discharge Summary
- ☐ History and Physical, Consultations
- ☐ Operative Reports

State and Federal law protect the following information. If this information applies to you, please indicate if you would like this information released/obtained (include dates where appropriate):

Mental Health Records ☐ Yes ☐ No

Psychotherapy Records	☐ Yes	☐ No
HIV Testing and Results	☐ Yes	☐ No
Alcohol, Drug, or Substance Abuse Record	☐ Yes	☐ No
Genetic Records	☐ Yes	☐ No

Covering the period of healthcare from: Specific Date(s)_____to_____**OR**
☐ All past, present, and future encounters/visits

Purpose for requesting information: Resolving my grievance or appeal request

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate six (6) months from the date of consent. The signer may revoke this release in writing or by verbally informing Consumer Assistance.

Client or Authorized Representative Signature Date

Print Name Relationship to Patient (if applicable)

Any disclosure of medical records information by the recipient(s) is prohibited except when implicit in the purpose of the disclosure. PROHIBITION ON RE-DISCLOSURE OF PROTECTED SUD INFORMATION: 42 CFR Part 2 prohibits unauthorized disclosure of these records.