

Nashville
MENTAL HEALTH PARTNERS
HEALING AND HOPE FOR ADULTS

Authorization to Receive or Release Information

Please be advised that your mental health records constitute privileged information that is protected by the laws of the State of Tennessee and that may contain information that is protected under Federal Confidentiality Regulations. These records cannot be disclosed without your written consent unless otherwise provided for in the federal regulations. Authorizing the release of information contained in your mental health records constitutes waiver of a privilege. You may revoke this consent through written notice, but it will not apply to action that has been taken prior to receipt of the revocation. If not revoked earlier or noted below, the consent remains in effect while you are under my care.

I, (please print) _____
(last name) (first name) (middle name)

Request and authorize: Miriam Rose, Nashville Mental Health Partners Phone: 615-422-5053

- Release to/From: Name: _____ Phone: _____
- Discuss with: Street Address: _____
- Fax to: Fax: _____

The following information from the record of my care and treatment (please check all that apply):

- Counseling and/or psychiatric record
- Laboratory/assessment instrument
- Client status/intake information
- Dates of appointments
- Other as specified below
- Conversations as needed to facilitate continuity of care

Other: _____

The disclosure as authorized herein is made for the following purpose:

_____ Please note that the law prohibits further dissemination or use of these records for other purposes.

I superficially authorize the release of information pertaining to drug and alcohol abuse and and/or HIV testing/test results if such is a part of the record. Release or transfer of the specified information to any person or entity not specified herein is prohibited by law. (Client signature below.)

On this, the _____ day of _____, 20____. I have read or have had read to me, the items and conditions of this agreement and fully understand same. I do freely, voluntarily, and without coercion agree to those terms and conditions contained herein.

Signature of witness: _____ Signature of Client: _____

Date of Birth: _____

