



## AUTHORIZATION FOR RELEASE OF RECORDS OR INFORMATION

I, \_\_\_\_\_, hereby give permission to Maureen Mench, PsyD. of Hawaii Anxiety and Trauma Care performing services in connection with my treatment to:

(Initial in one OR both of the boxes below)

☐

Disclose information to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

☐

Obtain information from:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

☐

My entire record

☐

All of the information that is initialed below:

(Initial each item to be released/obtained)

\_\_\_\_ Substance Abuse Evaluation

\_\_\_\_ Diagnosis/Assessment

\_\_\_\_ Treatment Recommendations

\_\_\_\_ Treatment Plan

\_\_\_\_ Expected length of treatment

\_\_\_\_ Progress report of my treatment

\_\_\_\_ Record of attendance

\_\_\_\_ Other (specify): \_\_\_\_\_

Purpose of this disclosure:

\_\_\_\_ Continuity of care

\_\_\_\_ Treatment planning

\_\_\_\_ Other (specify): \_\_\_\_\_

This Authorization is effective until \_\_\_\_\_ unless revoked by me in writing. I may revoke this consent at any time except to the extent that action has been taken in reliance upon it. I understand I have the right to receive a copy of this authorization form.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Client Signature (or guardian if a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Psychologist (Witness)

\_\_\_\_\_  
Date

### NOTICE TO RECIPIENT OF INFORMATION:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains; or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

