

(Confidential Patient Information – W&I 5328)

Name of Participant: _____ D.O.B: _____

I authorize the disclosure of my protected health information (PHI):

Person/Organization Is Authorized To Exchange My Information:

Name: _____

Address: _____

City, State, Zip: _____

With Person/Organization

Name: **Fred Finch Youth & Family Services**

Address: **3800 Coolidge Ave,**

City, State, Zip: **Oakland, CA 94602**

Description of the Information to be Disclosed:

- | | | |
|---|---|---|
| <input type="checkbox"/> Assessment Information | <input type="checkbox"/> Discharge Information | <input type="checkbox"/> Psychiatric Evaluation |
| <input type="checkbox"/> Placement Information | <input type="checkbox"/> Treatment Plan Information | <input type="checkbox"/> Verbal Disclosure |
| <input type="checkbox"/> Education Information | <input type="checkbox"/> Other _____ | |

Purpose of Disclosure: _____

- One Time Release Ongoing

I have the right to revoke this authorization in writing at any time. Fred Finch Youth & Family Services (FF) has the right to rely on this authorization until such time I revoke it, or for a maximum of one year from the date of signature below, or until the event specified here:

Initial: _____ I have the right to refuse to sign this authorization. Treatment, payment, enrollment, or eligibility for benefits will not be determined, affected or dependent on my providing or refusing to provide this authorization.

Initial: _____ California law prohibits recipients of my health information from re-disclosing my protected information except with my written authorization or as specifically required or permitted by law.

Initial: _____ I have a right to receive a copy of this authorization.

Initial: _____ I release all persons complying with this authorization including FF employees and agents from any liability arising from the disclosure of this information to the above designated person or agency.

Participant Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

Relationship to Participant: Parent Guardian (Explain): _____