

Psychiatry Associates of Kansas City, PA
8900 State Line Rd, Suite 380
Leawood Kansas 66206
Phone: 913-385-7252
Fax: 913-529-7155

- Disclose Information
 Obtain Information

INFORMATION REQUEST - PATIENT AUTHORIZATION

Patient Name: _____ **Date of Birth:** _____

Social Security #: _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

I request medical information from:

Hospital/Physician: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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

Dates of Service: _____ TO _____

- Medication Sheet History and Physical Consultation Clinic Notes
 Entire Medical Record Other (specify): _____

Some medical records may contain extremely confidential information. I do consent to the release of the following (if left blank, authorization to release information is NOT assumed):

- Information relating to drug or alcohol abuse _____ (initials)
 Information relating to mental health conditions _____ (initials)
 Information relating to HIV testing, infection status, or care and treatment for AIDS _____ (initials)

Reason for requesting information: _____

Disclose this information to:

Hospital/Physician: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I also understand this consent/authorization may be revoked at any time except to the extent already acted upon. This consent will expire in 90 days.

Patient Signature: _____ **Date:** _____ **Expiration Date:** _____

Authorized Representative: _____ **Date:** _____

(If other than the patient)

Relationship to Patient: _____

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. 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 C.F.R. 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 (42 USC 4582).