

# CLIENT AUTHORIZATION TO PERMIT USE AND DISCLOSURE OF MEDICAL INFORMATION

Re: \_\_\_\_\_ DOB: \_\_\_\_\_ Client ID: \_\_\_\_\_

By signing this form, I authorize the use or disclosure of the protected health information specified below to be used or disclosed for the stated purpose.

I authorize this release of information from:
<input type="checkbox"/> MetroHealth 1012 14 <sup>th</sup> Street NW, Suite 700 Washington, DC 20005 Phone: 202-638-0750 Fax: 202-638-0749 frontline@metrohealthdc.org
<input type="checkbox"/> _____ _____ _____ _____ _____

Release the information to:
<input type="checkbox"/> _____ _____ _____ _____ _____
<input type="checkbox"/> MetroHealth 1012 14 <sup>th</sup> Street NW, Suite 700 Washington, DC 20005 Phone: 202-638-0750 Fax: 202-638-0749 frontline@metrohealthdc.org

The purpose of the use or disclosure is (describe in detail): \_\_\_\_\_

This authorization expires automatically one year from the date on which it is signed unless you specify an event, condition or earlier date, below:

<input type="checkbox"/> Exact Date: _____	<input type="checkbox"/> _____
--	--------------------------------

**INFORMATION TO BE RELEASED (please check all that apply):**

Authorizations for the use or disclosure of behavioral health records require a different form.

<input type="checkbox"/> Lab reports	<input type="checkbox"/> TB information/status	<input type="checkbox"/> Chest X-ray
<input type="checkbox"/> HIV status	<input type="checkbox"/> All progress notes	

**(PLEASE TURN OVER)**

I have read and I understand the information in this authorization form:

---

**Signature of Patient**

---

**Date**

---

**Print Name**

- I understand that I have a right to revoke this authorization at any time through written notification. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.
- I further understand that MetroHealth will not condition my treatment on whether I give authorization for the requested disclosure. However, it has been explained to me that failure to sign this authorization may have the following consequences: