Alliance Behavioral Health Specialists
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Novi, MI 48375

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Authorization for Release of Information

Patient information

Name: _____ Phone Number: _____
Street Address:_____
City: _____State: _____ ZIP Code: _____
Date of Birth: _____ Social Security Number:_____

I hereby authorize: □ Alliance Behavioral Health Specialists to disclose the following:
(check appropriate choices)

- ___ Release of information to party named below, which includes, but not limited to complete provider clinical record and summary of treatment.
- ___ Consultation and verbal exchange of information between Alliance Behavioral Health Specialists and party designated in the following section.

The actions described above are authorized to be released to/with:

_____

Authorization

I authorize Alliance Behavioral Health Specialists (ABHS) to release the information in this form and understand this authorization is voluntary. I understand that my records are protected under federal regulations including alcohol or substance abuse, as well as information protected under regulations in code 42, part 2, psychological service records, social service records, HIV communicable disease information, including communications between mental health provider and you. After release, this health information is no longer protected by ABHS and has the potential to be re-disclosed by the recipient. This authorization does not authorize ABHS to discuss my health information or medical care with anyone other than the individual or agency identified on this form. **Alliance Behavioral Health Specialists (ABHS) is released from all legal liabilities for the release of the above requested information.** I understand that this authorization will be in effect **for twelve months from the date signed** unless cancelled by me in writing, and that my cancellation will take effect when the individual or agency releasing information receives my notice in writing.

_____
Patient's Name

_____ _____
Patient's Signature Date

_____ _____
Guardian's Signature (if patient is a minor) Date