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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ authorize and request
(Parent, Guardian, or Authorized Representative - Please Circle)

\_\_\_\_\_ to release the following specific information
pertaining to the hospitalization and/or treatment of \_\_\_\_\_ to:

\_\_\_\_\_
Name of Individual or Organization

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

for the purpose of \_\_\_\_\_

[ ] I do not place any restrictions on the information provided, leaving this to the discretion of staff.

[ ] I request that the information be limited to the following:

- [ ] Admission Note [ ] Psychological Testing
[ ] Immunization Records [ ] Discharge Summary
[ ] Laboratory Data [ ] Financial Only
[ ] Other \_\_\_\_\_ [ ] Portions of case as relevant

I have been informed of the type of information being released; the benefits and disadvantages (if any); and I understand that treatment services are not contingent upon my decision concerning the signing of this release. I understand that my records are protected as confidential under state and federal law and cannot be disclosed without my written consent unless otherwise permitted in accordance with state and federal law and regulations. This consent is valid for sixty (60) days from date of signature, or if patient is hospitalized, for the duration of the hospitalization, whichever is longer. However, I may revoke this consent at any time (which must be in writing) except to the extent that action has already been taken.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ Patient's Name Patient's Date of Birth

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

\_\_\_\_\_
Signature of Patient (or Parent or Guardian)

Any individual or agency receiving this information is prohibited from making further disclosure of this information.

If this information concerns a person admitted for treatment of alcohol or drug abuse, the confidentiality of this information is protected by federal law. Federal regulations (42 CFR, Part ) prohibit the recipient from making any further disclosure of this information except with specific written consent of the person for whom it pertains. A general authorization for the release of medical or other information, if held by another party, is not sufficient for this purpose.

\*\*All clinicians are independently owned and operated LLCs and are not employed by IHW.