



WYFS
Consent & Authorization
to Use, Disclose and Receive Mental Health Information

I, _____ / _____ hereby authorize _____
(client name) (DOB) (Clinician's name)

of Westbrook Youth and Family Services, Inc. to *release, request and/or exchange* information and records obtained in the course of my diagnosis and treatment for the following purposes:

- Increase understanding of my previous history, diagnosis, and treatment
- Coordinate care on an ongoing basis with other providers that are also treating me
- Discuss my care with friends or family that may be important sources of support

Information can be released to, requested from, or exchanged with the following:

<i>Name of individual/organization</i>	<i>Address</i>	<i>Phone</i>	<i>Fax</i>

Please check:

This is a ONE-WAY release for WYFS to RECEIVE or RELEASE records/information

This is a TWO-WAY release

1. I understand that this authorization will expire one year after I have signed the form, or other time frame as specified: _____
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, and it will be effective on the date notified except to the extent action has already been taken in reliance upon it.
3. I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and may no longer be protected by privacy regulations.
4. I understand that I am not required to sign this form in order to receive treatment or payment for my care.
5. I understand that there may be a fee for a copy of my medical record.
6. I understand that information to be released or obtained may include substance abuse treatment information in accordance with 42 CFR 2.1-2.67, and/or HIV/AIDS-related information in accordance with CGS 19a-585(a), except as indicated below.

No Substance Abuse treatment information

No HIV/AIDS

Signature: _____ Date: _____
(Client, parent, or legal guardian)

Please print name: _____ Relationship to client: _____

Witness: _____ Date: _____