Case #___________

Authorization for Use or Disclosure of Protected Healthcare Information

I am completing this form to allow the use and sharing of protected healthcare information about:

Printed name: ____ Date of birth: _______________________

I authorize Behavioral Health Response (BHR), 12647 Olive Blvd. Ste. 200, St. Louis, MO 63141 to use or disclose the following information. **Please initial area(s) of authorization:**

_____ Records of telephone contacts including assessment of and recommendations for psychiatric, psychological, emotional and alcohol or drug use or abuse issues.

_____ Records of outreach evaluations including assessment of and recommendations for psychiatric, psychological, emotional and alcohol or drug use or abuse issues.

_____ Other: ____

____

____

Date(s) of service included under this authorization are: ___________________ through ___________________

I authorize disclosure to: ____

____

For the purpose of: ____

____

I understand that this authorization will expire on (MM/DD/YR): _______________________

I understand that I can revoke (cancel) this authorization by sending a written request to BHR. If I do so, I understand that it will prevent disclosure after the date the request is received but cannot change the fact that information may have been disclosed before that date.

I understand that I may inspect and receive a copy of the health information described on this form. I understand that I may receive a copy of this form.

I understand that if the person or organization that receives the information is not a healthcare provider or healthplan, the disclosed information may no longer be protected by federal privacy regulations.

____	____	______________
Signature of client or personal representative	Printed name of client or personal representative	Date

____	____
Relationship to the client	Signature of professional or witness

____ By initialing here I acknowledge that I received a copy of this completed form.

Phone # of requestor _______________________

Address or Fax for report to be sent ____