DISCLOSURE TO RELEASE/OBTAIN PATIENT INFORMATION

Noetic Psychiatry

Patient Information

Patient Name:_____
(Last) *(First)* *(Middle Initial)*

Patient Social Security Number:_____ Patient Birthdate: _____/_____/_____

Email Address:_____@_____ Phone Number:(___)_____-_____

Address: _____
(Street and Apartment Number) *(City, State)* *(Zip Code)*

Mailing Address: _____
(P.O. Box, Street, or Apartment Number) *(City, State)* *(Zip Code)*

Recipient of Health Information

I hereby authorize Noetic Psychiatry, it's staff, and providers to:

[ ] Disclose to [ ] Request from

Person/Organization:_____

Email Address:_____@_____Phone Number:(___)_____-_____

Address: _____
(Street and Apartment Number) *(City, State)* *(Zip Code)*

Information to be Disclosed

[ ] All of my medication, health information, and records, including medical and mental health history, lab results, diagnoses, treatment, and prescriptions *(excluding psychotherapy notes, for which a separate disclosure authorization must be obtained, and is at the discretion of Noetic Psychiatry and their providers).*

[ ] Only my billing, payment, appointment scheduling, and appointment history information.

[ ] Inpatient/Residential mental health treatment information.

[ ] Alcohol/Drug history, use, diagnosis, and treatment.

[ ] Only the following information:_____

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Expiration and Revocation

This authorization will expire on the date that is **six(6) months** from the date of my signature below.

I understand that Noetic Psychiatry cannot condition my treatment, payment, enrollment, or eligibility for benefits on my provision of this authorization.

I understand that information disclosed pursuant to this authorization, except for alcohol/drug treatment records that are protected by 42 CFR Part 2, may be subject to redisclosure by the recipient and no longer protected by HIPAA.

I understand that I have the right to receive a copy of this authorization.

Patient/Parent Signature:_____

Printed Name:_____ Date:_____

Relationship to Patient: [ ] Self [ ] Spouse [ ] Guardian [ ] Parent [ ] Temporary Caregiver