



ONE

900 Michigan Avenue, Suite B
Columbus, OH 43219
T: (614) 745-0306 F: (855) 919-6128
www.onehealthoh.com

Patient Name: _____

Date of Birth: _____

Address: _____

Phone: _____

I hereby authorize the ___ disclosure ___ request ___ exchange of information from the following entity:

Name/Organization: _____

Address:

Phone: _____

Fax: _____

Protected Health Information requested: (Patient should initial each item)

- | | |
|---|--|
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Last 3 treatment notes/encounters |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Labs/Genetic Testing |
| <input type="checkbox"/> Treatment Plan/Summary | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Medication List | <input type="checkbox"/> Demographic Information |
| <input type="checkbox"/> Psychotherapy Notes | <input type="checkbox"/> Other: _____ |

Purpose of Disclosure:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Continuity of Care | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Work/School | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Collateral | <input type="checkbox"/> Other: _____ |

- This release of information expires one year from the last date of treatment unless specified here:

- I can revoke this release at any time by submitting a written request to ONE Health at the address listed above
- I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer be protected by Federal privacy regulations. However, other state or federal law may prohibit the recipient from disclosing specially protected information, such as substance abuse treatment information and mental health information.
- I understand that I can refuse to sign this release of information

Signature: _____ Date: _____

Patient Name: _____ Relation to Patient: _____

Name of Guardian/ Legal Representative: _____