Success and Wellness Associates – Victoria Kelly MD LLC – Release of Information

7110 W. Central Ave, Suite C, Toledo, OH 43617 Phone: 567-455-5432 Fax: 567-316-6444

Client Information:

Name		DOB		Last 4 SSN	

In accordance with Federal Regulations 42 CFR part 2 and HIPAA, I hereby authorize Victoria Kelly MD LLC :

	To obtain records from, and/or		To disclose and release records to

Name of Authorized entity / individual / agency:

Name		Ph		Fax	
Address					

Information hereby authorized to be released:

	Psychiatric evaluation		Drug and/or alcohol treatment		Progress notes
	Medication orders		Psychological testing		Attendance
	Treatment recommendations & plans		Other (Specify):		
	Including psychiatric records related to emotional illness, and information regulated by federal public law 930-282, Confidentiality of Alcohol and Drug Abuse Patients. Also included are records documenting the diagnosis and/or treatment of AIDS, ARC, HIV Positive and other related disorders				

For the time period of:

	All treatment		Previous 6 months		Previous 1 month		Other:

Purpose for disclosure:

	Comprehensive treatment / Continuity of care		Family involvement		Legal issues
	Aftercare / Transition of care		Other (Specify):		

This Authorization will automatically expire 1 year after the date of the authorization, unless otherwise specified here: _____
The confidentiality of the information being disclosed is protected by State and Federal law. ORC 5122.31, ORC 3701.243 and 42 CFR part 2 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, his/her authorized representative, or as otherwise permitted by law. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Client Agreement:

- I understand that I can refuse to sign this authorization. I understand Victoria Kelly MD LLC may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.
- I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law; however, I understand that Victoria Kelly MD LLC cannot control the recipient's use of the information.
- I have a right to revoke this authorization; I must do so in writing with name and date, and present my written revocation to Victoria Kelly MD LLC. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

_____ _____

Signature of Client, Legal guardian, or Authorized representative Date

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Revocation: I hereby revoke my consent for release of the above information, and further release of information shall cease immediately.

_____ _____

Signature of Client, Legal guardian, or Authorized representative Date