County of Santa Cruz

Behavioral Health Services
1400 Emeline Avenue, Santa Cruz, CA 95060
Phone: (831) 454-4170 Fax: (831) 454-4663

AUTHORIZATION TO RELEASE CONFIDENTIAL MENTAL HEALTH INFORMATION

MY RIGHTS: I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or eligibility for benefits.

I understand if I authorize disclosure of my protected health information to someone who is not covered by confidentiality laws, for example, a family member, it is possible that my information may be re-disclosed by that person to someone else.

I may revoke this authorization at any time. The revocation should be in writing and submitted to the following address: Quality Improvement Division, 1400 Emeline Avenue, 2nd floor, Santa Cruz, CA 95060. The revocation will take effect upon receipt of your request, except to the extent that others have acted in reliance upon this Authorization.

I have a right to receive a copy of this authorization.

USE AND DISCLOSURE OF MENTAL HEALTH INFORMATION

Client Name:	**DOB:**	**SSN:**

I, hereby authorize the _____ to release information

requested to _____

(Organization or Person authorized to **receive** the information)

Phone# Address City State Zip Code

Please check appropriate boxes:

☐ Release all information pertaining to my Mental Health treatment FROM _____ TO _____

☐ Release only the following records or types of health information (including any dates): _____

_____

I specifically authorize release of the following confidential information: [please check appropriate boxes]:

☐ Mental Health treatment information: FROM _____ TO_____

☐ Medication ☐Other, specify: _____

☐ HIV

PURPOSE: Purpose of requested use or disclosure: ☐ Client Request ☐ **Other**_____

EXPIRATION: This authorization expires [insert date or event:] _____

Signature: _____ **Date:** _____

Printed Name: _____

If signed by someone other than the client, state your legal relationship to the client: _____

Witness: _____ **Date:** _____

Legal Guardian or Conservator must provide a copy (within one year) of current appointment papers.