



# Skamania County Community Health

710 SW Rock Creek Drive  
PO Box 1492  
Stevenson, WA 98648  
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## CONSUMER AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Consumer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby authorize Skamania County Community Health to:

Release Information to:       Exchange Information with:       Obtain Information from:

Person/Provider: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Please **initial** all records/information you would like released to or requested from (including verbally) outside source:

### Mental Health treatment:

- \_\_\_ Assessment
- \_\_\_ Progress Notes
- \_\_\_ Treatment Plans
- \_\_\_ Crisis Plans
- \_\_\_ Psychological Testing
- \_\_\_ Probation/Parole Reports
- \_\_\_ Medication Intake
- \_\_\_ Medication Records
- \_\_\_ Academic Testing/Classroom Reports
- \_\_\_ Other \_\_\_\_\_

### Substance Use Disorder Treatment:

- \_\_\_ Assessment
- \_\_\_ Progress Notes
- \_\_\_ Treatment Plans
- \_\_\_ Crisis Plans
- \_\_\_ Probation/Parole Reports
- \_\_\_ Other \_\_\_\_\_

### Medical Services:

- \_\_\_ Lab Results
- \_\_\_ Immunizations
- \_\_\_ Chart Notes
- \_\_\_ Medication Records
- \_\_\_ X-Ray/EKG Reports
- \_\_\_ Hospital treatment/Discharge
- \_\_\_ Other \_\_\_\_\_

Disclosure of Information is for CONTINUITY OF CARE unless otherwise specified below:

Legal    Financial    Personal Records    Consumer's Report    Other: \_\_\_\_\_

### Specific Authorizations

I understand that my records may contain information regarding mental health diagnosis and treatment, drug and/or alcohol abuse (per 42 CFR Part 2), the testing, diagnosis or treatment of HIV/AIDS and/or sexually transmitted diseases (per RCW 70.24.105). I give my specific authorization for these protected records to be released. (If you do not want these records released, you must complete the box below.)

I DO NOT want the following information to be released: (If nothing is specified, all information will be included)

