Center for Adult & Geriatric Psychiatry

2002 Richard Jones Rd
Suite C 206
Nashville, TN 37215
Phone: 615-383-0055

111 Highway 70 East
East Pavilion, 2nd Floor MH2-227
Dickson, TN 37055
Phone: 615-383-0055

www.DrRajPsychiatry.com

RELEASE OF INFORMATION

Re: _____ DOB: _____ S.S #: _____

Address: _____Apt #: _____

City: _____ State: _____Zip Code: _____

I/We hereby authorize the release of following specific information (check all items)

Yes	No	
__	__	1 Medical Evaluation and Treatment
__	__	2 Psychiatric Evaluation and treatment
__	__	3 Social Work Reports
__	__	4 Psychological Evaluation and Treatment
__	__	5 Referral Information
__	__	6 Periodic Reports of Treatment
__	__	7 Previous Treatment Summery including Social History and Diagnosis
__	__	8 Educational Records
__	__	9 Other, specify _____

Circle at least one

From: _____ To: _____

Address: _____ Address: _____

_____ _____

I understand that no information may be re disclosed by either agency to any other individual or agency unless by my written consent.

"This information has been disclosed to you from records whose confidentiality to protected by federal law. Federal regulations prohibit you from making any further disclosure of it without the Specific written consent of the person to whom It pertains , or as otherwise permitted by such regulations . A general authorization for the release of medical or other information is not sufficient for this purpose" P L 92-255. & 408

This authorization may be revoked at any time by my written statement and is automatically revoked at the end of -------days (90days if left blank) or under the following specific condition (s)

This consent for release of information is given freely, voluntarily and without correction

_____ _____

Signature of patient/Guardian/DPOA Signature of Witness

_____ _____

Date Date