1. I, ______________________ hereby authorize University Hospital to
Name of Patient or Representative

release information from the record of ______________________ ______________________
Name of Patient | Phone Number

covering the period(s) of hospitalization from: ______________________ ______________________
Date(s) of Admission | Date(s) of Discharge

______________________ ______________________
Birth date | Hospital Number (if known)

2. Information to be released:

☐ Abstract ☐ Operative Report ☐ Emergency Room Care
☐ History and Physical ☐ Discharge Summary ☐ Out Patient Procedure
☐ Other ______________________

3. Information is to be released to: ______________________
Name / Agency

____
Address

____
City / State / Zip

4. Purpose of Disclosure ______________________

____

5. I further understand that this consent can be revoked at any time except to the extent that disclosure make in good faith has already occurred in reliance on it. This authorization will expire within 90 days unless specified otherwise below.

6. Specification of a date, event, or condition upon which this consent expires. ______________________

7. The facility, its employees and officers and attending physicians are released from legal responsibility or liability for the release of the above information to the extent indicated and authorized herein.

______________________ ______________________
Patient or Representative | Date

____
Relationship to Patient

NOTICE

The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978. Disclosure may only be made pursuant to a valid authorization by the client or as provided in Titles III or IV of the Act. The act provides for civil damages and criminal penalties for violation.

I specifically authorize the release of the following:

☐ Substance Abuse Treatment Records ☐ Psychiatric Treatment Records

______________________ ______________________
Patient or Representative | Date

Patient Label

AUTHORIZATION FOR RELEASE OF INFORMATION