



COUNTY OF LEHIGH
Lehigh County Mental Health/Mental Retardation/
Drug & Alcohol/ HealthChoices Program
17 South Seventh Street
Allentown, PA 18101
Authorization for Release of Information

Name of Consumer:

Social Security Number:

Date of Birth:

I, _____ hereby authorize Veteran's Mentoring Program to release/obtain
 The following information:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Admission History | <input checked="" type="checkbox"/> Psychiatric /Psychological Evaluation | <input checked="" type="checkbox"/> Social Work Summary/Progress Report |
| <input checked="" type="checkbox"/> Discharge Summary | <input checked="" type="checkbox"/> Crisis Plan | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Intake information | <input type="checkbox"/> Educational Information | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Verbal Communications | <input checked="" type="checkbox"/> D & A Records | <input type="checkbox"/> Other: |
| <input checked="" type="checkbox"/> Medical History & Physical /Laboratory Studies | | <input type="checkbox"/> Other: |

pertaining to my treatment/admission(s). This information is needed for the purpose of continuity of care and/or case management.

This information is to be released to/obtained from:

- Lehigh County Mental Health/Mental Retardation/Drug & Alcohol Program/HealthChoices**
- Lehigh County Office of Children and Youth Services,**
- Lehigh County Information and Referral Unit**
- Lehigh County Office of Juvenile Probation**
- Lehigh County Drug & Alcohol Intake Unit**
- Lehigh County Area Agency on Aging/Bureau of Adult and Residential Services**
- Child and Adolescent Service System Program [CASSP]**
- Magellan Behavioral Health**
- Other: Veteran's Mentoring Program**
- Other:**
- Other:**
- Other:**
- Other:**
- Other:**

Signature of Consumer

Date

Signature of Witness

Date

Signature of Guardian if consumer is under age 14

Date

Any information disclosed will be treated in compliance with the Federal Privacy Act (PL 93-575) and the Federal Alcohol & Drug Act (PL92-282). Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or substance abuse consumer. Federal regulations (42 CFR Part 2) prohibit anyone to whom this information is released 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 regulation. General authorization for the release of medical or other information is not sufficient for this purpose.

I have also been informed of my right subject to section 7100.111.3 of the Mental Health Procedures Act, 1976, to inspect the information to be released and that all information will be treated confidentially, in compliance with the following acts: the Juvenile Court Act (42 PA C.S.A. 6301 et seq.); the Child Protection Services Act (11 P.S. 2201 et seq.); the Federal Privacy Act (P.L. 93-575); the Federal Alcohol and Drug Abuse Act (P.L. 92-255); the Pennsylvania Drug and Alcohol Abuse Act (P.L. 221, No. 63); The Education Regulations (P.L. 94-142 and 22 PA Chapters 12 and 341); Department of Public Welfare Regulations (55 PA Code 4225.21 - 4225.50) and in compliance with other applicable state and federal laws and regulations. A copy of this signed form shall have the same force and effect as an original document.