



AUTHORIZATION FOR RELEASE OF INFORMATION (ROI) TO EXTERNAL AGENCIES

Clients Name: _____ Date of Birth: _____

Name of Legal Guardian Requesting Records: _____

Tel: _____ E-mail: _____

Agency authorized to disclose records: _____

Tel: _____ Fax: _____

Information to be disclosed:

- | | |
|--|--|
| <input type="checkbox"/> Verbal Communication | <input type="checkbox"/> Psychiatric Assessments/Evaluations |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Individual Education Plans (IEP) |
| <input type="checkbox"/> School Records | <input type="checkbox"/> Nursing/Medical Records |
| <input type="checkbox"/> Lab Results | <input type="checkbox"/> Payment Records |
| <input type="checkbox"/> Team Staffing Notes | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Other: (Please Specify) _____ | |

The New Foundation does not release information that originated from other agencies

Purpose for Disclosure: _____

I understand this authorization will be in effect for ninety (90) days from the date of my signature. I also understand that I may revoke this authorization at anytime by writing The New Foundation. The revocation will be effective except to the extent that action based on this authorization has already been taken. The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws.

Signature of Client and date of signature

Legal Guardian Signature and date (Required if client is a minor, or if this is not a client request)

Relationship to Client

Witness

Notice: Alcohol and drug abuse patient records are protected by Federal confidentiality regulations (42CFR part 2). The Federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. If the client is between 12 - 18 years of age, both his/her signature along with parent/guardian is required for this information.