Sage Tree Psychology Group LLC

925 N Lapeer Rd STE 151

Oxford MI 48371

248-303-1382 f 248-268-

# AUTHORIZATION TO RELEASE/OBTAIN PATIENT INFORMATION

, hereby authorize Sage Tree Psychology

Group LLC (Patient Name) of Oxford Michigan, its Director of Designee, to release and/or obtain information contained in my patient records, including alcohol and drug abuse records protected under the regulations in Code 42 of Federal Regulations Part 2, if any; psychological services records, if any, and social services records, if any, including communications made by me to a social worker or psychologist, to the individuals or organizations listed below, only under the conditions listed below:

Birthdate of PatientSocial Security Number



1. Name of Individual(s) or organization(s) to/from whom disclosure is to be made:

Address:

1. Specific type of information to be disclosed: \*
2. The form in which the information may be disclosed is (check one or more options): by verbal communication by written report or photocopies of records  or other (explain)
3. The purpose and need for such disclosure: (For mental health records, include a statement as to how the information to be disclosed is pertinent to the purpose and need for such disclosure.)
4. This consent is subject to revocation at any time except in those circumstances in which the Clinic has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given with respect to alcohol and/or drug abuse records shall have a duration of no longer than that reasonably necessary to achieve the purpose for which it is given.
5. Without expressed revocation, this consent expires on the date set forth below or for the following specified reasons:

CONDITION: Once information is disclosed. No further information can be disclosed pursuant to this consent.

or Date:or Event:or None:

Signature of Patient 

|  |  |
| --- | --- |
| Signature of Parent, Guardian or Representative | Date |

Signature of Witness Date

\*Limit information only to those areas necessary if entire case file is not necessary.

## THERE MAY BE UP TO A $25.00 FEE FOR RECORD COPY