

### Authorization for Access/Release of Information

**Patient's Name:** \_\_\_\_\_ **Maiden/Other Name:** \_\_\_\_\_  
**Patient's Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

#### Recipient of Information

I authorize Fair Haven Community Health Clinic, Inc. to ☐ **RELEASE** or ☐ **OBTAIN** my medical record information as specified below:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Method of Disclosure:**  
☐ Mail ☐ Fax ☐ Pick-up ☐ Verbal

*FHCHC reserves the right to charge a reasonable fee for the cost of producing and mailing copies under Connecticut State Law.*

#### Purpose of Request

- ☐ Personal Use ☐ Coordination of Care ☐ Legal ☐ Disability  
☐ Workers Comp ☐ Insurance ☐ Transfer of Care ☐ Other: \_\_\_\_\_

#### Medical Information Requested

- ☐ All information maintained at any time by Fair Haven Community Health Clinic, Inc.

OR the following limited information:

- ☐ Medical Records ☐ Billing ☐ Dental Records ☐ Immunization Record ☐ Other \_\_\_\_\_

Dates of Service from: \_\_\_\_\_ to \_\_\_\_\_

The following information will NOT be released without your specific authorization. **To authorize release please initial:**

\_\_\_\_\_ Alcohol & Drug Abuse \_\_\_\_\_ Behavioral Health/Psychiatric Disorders \_\_\_\_\_ HIV/AIDS Information

*If this is an authorization for psychotherapy notes, it may NOT be combined with an authorization for any other type of health information.*

#### Authorization for Release

By signing below, I acknowledge the following:

- This authorization is valid for one year from the date below. I understand that after I have signed this form, I may cancel (revoke) this authorization at any time by contacting Fair Haven Community Health Clinic, Inc. (FHCHC) in writing. Cancellation of this authorization will not apply to information that has already been released based on this authorization.
- I understand the information disclosed in response to this authorization may be subject to re-disclosure by recipient, and will no longer be protected under the terms of this authorization or by federal privacy regulations.
- I understand that this authorization is voluntary and my treatment by FHCHC will in no way be conditioned on whether or not I sign this authorization and that I may refuse to sign it.
- The parent or legal guardian must sign this authorization if the patient is a minor (under age 18) unless the records relate to treatment(s) for which the minor may provide consent under CT state law. If HIV, Behavioral Health, Drug/Alcohol information is included for a patient age 13 or older, the minor must sign as described above.

**Signature of Patient and/or Authorized Representative** \_\_\_\_\_ **Printed Name(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date** \_\_\_\_\_

If signed by the patient's authorized representative, describe the legal authority of the representative to act on behalf of the patients and attach legal documentation: \_\_\_\_\_

#### Nondiscrimination Statement

Fair Haven Community Health Clinic, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis on race, color, national origin, age, disability, or sex.

Español (Spanish)	عربي (Arabic)	پشتو (Pashto)	English	Português (Portuguese)
<b>ATENCIÓN:</b> Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 203-974-0111 (T: 711).	<b>ملاحظة:</b> إذا كنت تتحدث اذكي اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 203-974-0111 (رقم هاتف المسم واليك: 711).	<b>د پام وگړو:</b> د ژبې مرستندويه خدمات، ستاسو لپاره وړيا موجود دي. 203-974-0111 (TTY: 711)	<b>ATTENTION:</b> Language assistance services, free of charge, are available to you. Please call 203-974-0111 (TTY: 711).	<b>ATENÇÃO:</b> Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 203-974-0111 (TTY: 711).