SHRINK
SAVANNAH

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I, _____ [PATIENT NAME] hereby authorize the disclosure of my health information to Shrink Savannah, 1601 Abercorn Street, Savannah, GA 31401 for the purpose of evaluation and treatment FROM the medical provider listed below:

PHYSICIAN/FACILITY NAME _____

PHYSICIAN/FACILITY ADDRESS _____

PHYSICIAN/FACILITY PHONE _____

PHYSICIAN/FACILITY FAX _____

I understand that the health information that may be disclosed includes, but is not limited to, the following:

- Medical records, including diagnoses, treatment plans, and medications prescribed.
- Laboratory and diagnostic test results.
- Surgical and operative reports.
- Mental health records, including therapy session notes and psychiatric evaluations.
- Substance abuse treatment records, if applicable.
- Any other pertinent health information deemed necessary for the purpose of disclosure.

I authorize Shrink Savannah to obtain, use, and disclose this health information in accordance with the applicable privacy laws and regulations, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and any state or local laws governing the privacy and confidentiality of health information.

This authorization is valid for a period of one year from the date of signing this document, unless otherwise specified. I understand that I have the right to revoke this authorization at any time by providing a written notice to Shrink Savannah except to the extent that action has already been taken based on this authorization.

I ACKNOWLEDGE THAT THE DISCLOSURE OF MY HEALTH INFORMATION IS VOLUNTARY, AND I AM AWARE OF THE POTENTIAL RISKS ASSOCIATED WITH THE UNAUTHORIZED USE OR DISCLOSURE OF THIS INFORMATION. I RELEASE _____ (DISCLOSING PROVIDER) ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES FROM ANY LIABILITY THAT MAY ARISE FROM THE USE OR DISCLOSURE OF MY HEALTH INFORMATION IN ACCORDANCE WITH THIS AUTHORIZATION.

PATIENT'S FULL NAME _____

SIGNATURE/LEGAL REPRESENTATIVE _____

PATIENT'S DATE OF BIRTH _____

TODAY'S DATE _____