

Program Name: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION FOR MINORS OR DEPENDENT ADULTS**

In an emergency, this form may be used for release of information from another entity. For such use, check program information appropriately.

I \_\_\_\_\_ am allowing \_\_\_\_\_ to release  
*parent/guardian agency, program or person releasing information*

healthcare information about \_\_\_\_\_, whose date of birth is \_\_\_\_\_,  
*first and last name of minor or dependent adult month/day/year*

to \_\_\_\_\_

*agency, program or person receiving information*

**Information to be released – Check all that apply:**

- Mental health history
- Medical history
- Discharge notes
- Services notes
- HIV/AIDS history
- Billing
- Diagnosis
- Lab results
- Alcohol/drug abuse history
- Other \_\_\_\_\_

**Information is to be released for the purpose(s) of - Check all that apply:**

- Continuity of care
- Making a referral
- Informing referral source
- Reimbursement/benefits
- Legal
- Other \_\_\_\_\_

The above items may include information about mental health, alcohol/drug abuse, and/or HIV/AIDS.

**Amount of information to be released includes – Check one:**

- last treatment event
- all service dates
- information from \_\_\_\_\_ through \_\_\_\_\_  
*date date*

**Columbus Health Department MAY NOT deny treatment based on whether you sign this authorization.**

**The information is not re-released unless a court order forces the release.**

**I understand that I may cancel this authorization at any time by sending a written request to the Columbus Health Department. This request will not apply to information already released.**

**This authorization will remain in effect for 60 days after the date I sign it unless another date or event is specified here:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*parent/guardian*

Relationship to minor child or dependent adult: \_\_\_\_\_ Witness: \_\_\_\_\_

I HEREBY CANCEL THE ABOVE AUTHORIZATION AS OF THIS DATE:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_