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**Authorization for Use/Disclosure of Confidential Information**

Patient's Name: Last, First, MI \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

I authorize \_\_\_\_\_

To  release  exchange the following information to/with:

- |                                        |                               |
|----------------------------------------|-------------------------------|
| _____ Medical Records                  | _____ Progress Notes/Report   |
| _____ Educational/Academic Records     | _____ Neurological Evaluation |
| _____ Psychological Evaluation         | _____ Treatment Plans__       |
| _____ Psychiatric Evaluation           | _____ Discharge Summary       |
| _____ Assessments/Consultation Reports | _____ Behavioral Report       |
| _____ Other:_____                      |                               |

For the following purpose: \_\_\_\_\_

Approximate dates of service: \_\_\_\_\_

The information may be disclosed effective:  Immediately  (specify date) \_\_\_\_\_

This authorization  does  does not extend to information place in my record after the date I signed this form.

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

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian

I may refuse to sign this authorization. The provision of treatment to me cannot be conditioned on my signing of this authorization. This authorization is valid for 90 days and I have the right to revoke it at any time, except to the extent that action has already been taken in reliance on it, by delivering the revocation in writing to the provider who is in possession of my personal records. There is a potential for any information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected by the provisions of the HIPAA Privacy Rule. (For Alcohol/Drug Abuse Clients): Federal substance abuse confidentiality rules (42 CFR part 2) prohibit the recipient from making any further disclosure of this information unless further disclosure is expressly permitted by my written consent, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical records or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.