AUTHORIZATION TO RELEASE AND/OR OBTAIN HEALTH INFORMATION

Patient Name:_____ **Date of Birth:**_____
First Last

__ I hereby authorize AMPS to release my medical information to _____.
Name of Individual or Facility

Address of Individual or Facility:

_____
Street City State Zip

Telephone of Individual or Facility:_____ Fax:_____

__ I hereby authorize AMPS to obtain medical information from _____.
Name of Individual or Facility

Address of Individual or Facility:

_____
Street City State Zip

Telephone of Individual or Facility:_____ Fax:_____

Records may be sent to:

Advanced Medical Psychiatric Services, Inc.
3409 Calloway Drive, Suite 601
Bakersfield, CA 93312
FAX: (661) 589-7200

Information to be Released/Obtained: Check all that apply:

	History and Physical		Progress Notes		Laboratory Reports
	Consultations		Other:		

Specific Authorizations: Check all that apply:

___ I authorize the release of information pertaining to drug and alcohol abuse diagnosis or treatment.
___ I authorize the release of information pertaining to mental health diagnosis or treatment.

My Rights

- I understand this authorization is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except if the authorization is for: 1) conducting research-related treatment, 2) to obtain information in connection with eligibility or enrollment in a health plan, 3) to determine an entity's obligation to pay a claim, or 4) to create health information to provide to a third party. Under no circumstances, however, am I required to authorize the release of mental health records.

- I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization.

- I am entitled to receive a copy of this Authorization.

_____**Date**:_____
Signature of Client or Client's Legal Representative