

- File Release in Chart
- Request Records
- Send Records

Bradley T. Wajda D.O., PC
 Esano Corporation - Find Your Wellbeing
 (559) 493-5544 or (559) 999-9514
 Fax # (559) 493-5166
 3585 W. Beechwood Ave., Suite 102
 Fresno, CA 93711

AUTHORIZATION FOR THE RELEASE OF PROTECTED HEALTH INFORMATION

Patient Name: _____
First Middle Last

Patient Date of Birth: _____
Month Day Year

Information to be released FROM/TO:

Name/Agency Bradley T. Wajda D.O., PC & Esano Corporation
 Address _____

Information to be released TO/FROM:

Name/Agency _____
 Address _____

For the specific purpose of Diagnosis and Treatment

Information released herein may not be used for any other purpose and may not be further disclosed.

Information to be released: (Provide the minimum necessary for purpose and dates)

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychiatric History | <input type="checkbox"/> Drug & Alcohol Records | <input type="checkbox"/> Verification of Attendance | <input type="checkbox"/> Home Address |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Treatment Plans | <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Verification of Progress | <input type="checkbox"/> Telephone Numbers |
| <input type="checkbox"/> Psychological Test Results | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Medication Records | <input type="checkbox"/> Verification of Compliance | <input type="checkbox"/> E-mail address |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Nursing Notes | <input type="checkbox"/> Hospitalization Dates | <input type="checkbox"/> Drug Testing Results | <input type="checkbox"/> Financial Status |

Other (Specify): _____

Information to be released is for **Verbal Exchange Only (Specify above)**

I realize that this is a required consent and that I must voluntarily and knowingly sign this authorization before any records can be released, (except where release is mandated by law), and that I may refuse to sign, but in that event the records cannot and will not be released. I may also inspect or copy any information used or disclosed as authorized by this release, unless good cause may be shown why not. I realize that information disclosed under this authorization may no longer be protected under the HIPAA rules and is at risk of being disclosed by the recipient of the information.

I further release my attending practitioner, Bradley T. Wajda D.O. PC, ESANO Corporation, and employees of Bradley T. Wajda D.O. PC and ESANO Corporation from any liability arising from the release of information to the person(s)/agency designated above.

This information has been disclosed from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CRF, part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose.

A PHOTOCOPY OF THIS AUTHROIZATION IS AS VALID AS THE ORIGINAL

This authorization is effective immediately and is subject to revocation at any time, except to the extent that action has already been taken. Otherwise, **this authorization expires one year from the date of signing unless otherwise stated below:** I am aware that refusing to sign this authorization will not be a condition of my treatment. I have had this information explained/read to me and I acknowledge an understanding and receipt of this information. _____ Initials

I hereby consent to the release of my health information as specified above.

Effective Date: _____ **Expiration Date:** _____

Client Signature _____ **or** **Parent/Guardian/Representative Signature** _____

Witness _____ **Relationship to Client** _____

Signature of Individual releasing Records _____ **Practitioner Signature** _____

IF YOU WISH TO REVOKE THIS RELEASE YOU MUST SIGN & DATE HERE: _____

WITNESS: _____