MyOr Diagnostics Release of Information Consent

Full name

Legal first name

Last name

I authorize MyorThrive to send and receive the following information:

- ☐ Medical history and evaluation(s)
- ☐ Developmental and/or social history
- ☐ Progress notes, and treatment or closing summary
- ☐ Mental health evaluations
- ☐ Educational records

To/From

Title

Legal first name

Last name

Work phone

Mobile phone

Fax number

Email address

Title/Occupation

Your relationship to client:

- ◯ Self
- ◯ Parent/legal guardian
- ◯ Personal representative
- ◯ Other

If "Other", please specify

The above information will be used for the following purposes:

- ☐ Planning appropriate treatment or program
- ☐ Continuing appropriate treatment or program
- ☐ Determining eligibility for benefits or program
- ☐ Case review
- ☐ Updating files

I understand that this information may be protected by Title 45 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 42 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. I understand this authorization is voluntary, and I may revoke this consent at any time by providing written notice. This consent automatically expires after (some states vary, usually 1 year). I have been informed what information will be given, what its purpose is, and who will receive it. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization.

If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

Date signed

Witness signature (if client is unable to sign):

Witness Date:

Client

X

Print name: **Date:**