

## INSTRUCTIONS FOR “AUTH TO RELEASE INFO” FORM:

**If you are completing form for a minor, or for an adult over whom you have Power of Attorney for medical care, then use instructions in parentheses ( ).**

- first blank: patient's name (guardians name)
- second blank: either Self, or NA (patients name)
- select either “entire record” or “other item” and then list specifically what information can be released.
- enter the name, address and phone numbers of: the provider, the business, the entity, the parent/guardian, etc, (this is who we will be releasing your information to).
- select the reason we are activating this release.
- time frame: first blank is the start date of this authorization (date we are allowed to begin communicating information), second blank is the termination date (date we will cease communicating information). We will be authorized to release the information you specify only between these two dates.
- sign and date form (parent/guardian sign and date)