



*Center for Women's Health*  
 5333 McAuley Dr., R-5016, Ypsilanti, MI 48197  
 Ph. 734.712.1990 Fax 734.712.1991

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 MR # \_\_\_\_\_

## Consent for Release of Information

I, (print name) \_\_\_\_\_, (date of birth) \_\_\_\_\_  
 (previous name, if applicable) \_\_\_\_\_ authorize  
 (facility to release information) \_\_\_\_\_ to release information contained in  
 my medical records, or those of (minor/person unable to sign) \_\_\_\_\_, including, if any:

- information about the diagnosis or testing for:
 

1. HIV (Human Immunodeficiency Virus)	Approved (Initial)
2. AIDS (Acquired Immunodeficiency Syndrome)	_____
3. ARC (AIDS Related Complex)	_____

- information about alcohol and drug abuse treatment  
 (protected under the regulations in Code 42 of Federal Regulations, Part 2)

- information about mental health services and social services, including communications made by me  
 to a social worker or mental health professional

to the individuals or organizations listed below, under the conditions listed below:

1. Name and address of person(s) or organization(s) to receive information:

\_\_\_\_\_  
 \_\_\_\_\_

2. Specific type of information to be released: \_\_\_\_\_

\_\_\_\_\_

3. Purpose:     Transfer of care     Other

4. This authorization expires (insert date, condition, or event) \_\_\_\_\_ or it expires  
 six (6) months after it is signed, if no other expiration is specified above.

5. This consent may be revoked by me in writing at any time, except for circumstances in which information has  
 been released prior to the revocation.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent (if required) or Guardian (relationship to Patient)

\_\_\_\_\_  
 Date

### NOTICE OF FEDERAL AND STATE LAWS REGARDING FURTHER DISCLOSURE TO THE PERSON OR ORGANIZATION RECEIVING INFORMATION

"This information may have been disclosed to you from records whose confidentiality is protected by Federal and State Laws. Federal regulations (42 CFR, Part 2) and State laws (Public Act 258, Chapter 7, Section 748) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."