# AUTHORIZATION TO RELEASE INFORMATION

Please Print All Information Unless Otherwise Noted

Patient Name: _____ _____
Last First M.I. Date of Birth

Address: _____ Home phone _____
_____ Work phone _____
_____ Other phone _____

I hereby authorize Inez Costanzo, LCSW-C, BCD to release medical information from my medical records to

_____.

I understand that my records are protected under federal regulations governing Confidentiality of Personal Health Information (PHI) under HIPAA and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part -2, and cannot be disclosed without my consent unless otherwise provided for in the regulations. I also understand that I may revoke this authorization and must do so in writing and present the written revocation to Inez Costanzo. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this consent expires 12 months from this date. I understand that once information is disclosed per my authorization, the information may be re-disclosed by the recipient in accordance with applicable laws and regulations and it may not be protected by federal or state privacy regulations.

**The forgoing release is subject to such limitations as indicated below:**

Entire Record:_____ Verbal/Electronic/Written information: _____

Specific Information: _____

I give special permission to release any information regarding: (Initial on line(s) below that you grant us permission to release the information to the above noted recipient.

Substance abuse: _____ Mental Health Information: _____

Signed: _____ Date: _____
(If not patient state relationship)

Witnesses Printed Name: _____

Witnesses Signature: _____ Date: _____

*This record has been disclosed in accordance with Subtitle 3 of Title 4 of the Health General Article of the Annotated Code of Maryland. Further disclosure of this medical record and the information contained therein is hereby prohibited as provided by Subtitle 4-303 (b) (5) (ii).*