

Interface EAP

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GENERAL RELEASE OF INFORMATION

This Authorizes _____
(Provider name and/or organization)

To release the requested information on _____
(Participant's name)

Case #: _____ To: _____
(Person /Organization to receive the information)

at Phone # _____ For the purpose of:

- | | |
|---|---|
| <input type="checkbox"/> Insurance claim processing | <input type="checkbox"/> Disability determination |
| <input type="checkbox"/> Continued health care | <input type="checkbox"/> Utilization review & care management |
| <input type="checkbox"/> Verifying Patient's contact to EAP and/or participation in treatment | |
| <input type="checkbox"/> Other: _____ | |

Information to be disclosed (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Hospital Discharge Summary | <input type="checkbox"/> Contents of Progress Notes |
| <input type="checkbox"/> Physician's orders | <input type="checkbox"/> Results of Physical Exam |
| <input type="checkbox"/> Psychological Testing Results | <input type="checkbox"/> Results of Psychiatric Consultation |
| <input type="checkbox"/> Other: _____ | |

I understand that I may withdraw my consent at any time. Any withdrawal of consent will not affect the legality of any release of information that has already taken place due to this signed document. If not revoked sooner in writing, this consent will expire one year from the date signed. A copy of this release is valid.

To receiving party of this information: This information has been disclosed to you for the sole purpose stated in this consent. Any other use of the information without the expressed written consent of the patient is prohibited. These records may be protected by Federal Regulation (42 CFR Part 2).

Participant's Signature Date

Parent, guardian or authorized representative Date

Witness Signature Date

Confidentiality Notice

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this facsimile is strictly prohibited. IF you have received this facsimile in error, please immediately notify us by telephone and return the original message to us at the street address above via the United States Postal Service.