



(Revised 3/2024)

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Huntington, WV 25705
Phone: 304-525-7851
Fax: 304-529-0163

511 Morris Street
Charleston, WV 25301
Phone: 304-341-0511

Prestera Health is authorized to: [ ] Release to [ ] Receive from [ ] Exchange information

Name Address Phone

About (Name of Person Served): Maiden Name or Alias:

DOB: SS #: Treatment Dates (Year to Year):

Information to be released may contain the following: psychiatric/psychological, drug/alcohol, and Aids/HIV information unless noted otherwise here:

Information to be released: (Please check below or circle what is to be released)

- Administrative information (appointments, correspondence letters)
Doctor/practitioner information (psychiatric evaluations, medication management notes, medication info., labs, diagnosis)
Clinician information (psychosocial assessment, treatment plan, therapist summary, discharge summary)
Substance Use and Substance Use Disorder Information (doctor visits, summaries, urine drug screens, discharge summary)
Primary Care (new visit, established visit, labs, most recent medication info, diagnosis, communicable diseases)
Other:

Release includes verbal, written, and electronic information unless noted here:

Purpose of information to be released:

My refusal to sign this authorization will NOT affect my ability to obtain treatment, payment, or enroll in a health plan. I understand that this authorization will expire in 1 year from the date it is signed unless an earlier date or condition is specified here. However, I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that Prestera Health Services has already taken action in reliance on my authorization. Federal Regulations (42 CFR, Part 2): The federal regulations prohibit the recipient of the information from making any further disclosures of the information, unless further disclosure is expressly permitted by the individuals' written authorization or as otherwise permitted by state and federal regulations.

Person Served Signature Date Witness Signature Date
\*\*\*\*\*(Children 12 years and older must sign) \*\*\*\*\*

Parent/Legal Guardian/Legal Representative Date Relationship to person served
\*Please note, if you have custody or guardianship, we will need a copy of the legal documentation\*
\*If the authorization has been signed by a legal representative on behalf of the individual, his/her authority to act on behalf of the individual must be described here: