Prestera Health Services

(Revised 3/2024)

55 Donahoe Drive
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: _____ .