Prestera
Health Services
Healing and wellness starts with us.

COMPLETING AN AUTHORIZATION TO RELEASE INFORMATION

1. You will need to check one of the following: Release to (means Prestera Center is releasing information to another entity) Receive from (means Prestera Center is receiving information from another entity) Exchange with (means Prestera Center is releasing and receiving information from entity) (There can only be one entity for each release)

2. Name and Address: Who the information is to be released to or shared with. Ex: Court, DoHS, Doctor Office, Family member, Lawyer (Name, Address, Phone, Fax #)

3. About: (Person Served Name)

4. Date of birth: (Person Served)

5. SS #: (Person Served) please only last 4 of Social.

6. Treatment dates: year to year Ex: (2023-Present)

7. Information to be released may contain the following: Psychiatric/Psychological, Drug/Alcohol, and Aids/HIV information unless noted otherwise here: (Should be left blank: unless Person Served gives you specific instructions)

8. Information to be released: Administrative, Doctor Info, Clinician Info, and Substance Use Info: Please check each one that will apply to what the person served wants released.

9. Release includes verbal, written, and electronic information unless noted here: (Should be left blank: unless Person Served gives specific instructions)

10. Purpose of information to be released: Ex: for benefits, court, and/or personal use

11. Paragraph of Rights

12. Person Served signature and date (if client is 12 years old or older, they must sign on this line)

13. Witness Signature and date (anyone over the age of 18 can be a witness)

14. Parent/legal guardian/legal representative must sign and date (if applicable) on this line only

15. Relationship to client (if applicable)

16. Authority of legal representative must be written here. (if applicable) usually left blank

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