

CONSENT TO RELEASE/RECEIVE
CONFIDENTIAL INFORMATION

Mary Beth Ackerley, MD, MD(H)
7533 N. Window Peak Rd.
Tucson, AZ 85718

I, _____, DOB: _____ hereby authorize
(name)

Dr. Mary Ackerley, MD, MD(H) Release to: _____ Receive from: _____

_____ person / facility / agency

_____ street / p.o. box

_____ city state zip telephone/fax

The specific information regarding services provided to me for the period of treatment from _____ to _____ for the purpose of continuity of care.

The disclosure authorization is specifically intended to include any references to diagnosis, testing, and/or treatment for communicable diseases, including sexually transmitted disease (e.g., HIV/Aids-related illness), mental health services, and drug and/or alcohol services governed by 42 CFR Part 2.

PLEASE CHECK REPORTS / INFORMATION YOU WISH TO BE FURNISHED

- | | |
|--|--|
| <input type="checkbox"/> Medical Discharge Summary | <input type="checkbox"/> Physician's Orders |
| <input type="checkbox"/> History and Physical Exam | <input type="checkbox"/> Labs / Ex-Ray Reports |
| <input type="checkbox"/> Psychiatric Eval | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Nutritional Assessment | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> Psychological Eval | <input type="checkbox"/> Letters/Written Correspondence. |
| <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Other, specify _____ | |

EXPIRATION DATE: _____

I understand the above consent is subject to revocation by me at any time, except to the extent that action has been taken in reliance of this consent prior to revocation. In any event, if no expiration date is specified above, this consent will automatically expire one year from the date noted below. The Federal Regulations of Confidentiality of Alcohol and Drug Abuse Records (42 CFR Part 2) and State Law protecting the confidentiality of patient records have been explained to me.

Patient Signature

Legal Guardian

Witness Signature

DATE