



Phone: 800-829-5461

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Instructions for Completing Release of Information (ROI)
Authorization to Release Protected Health Information

*Please **DO NOT** use correction fluid/tape as this will invalidate the authorization.

**Please place a ~~strikethrough~~ (as shown) and *initial* any mistakes made on the authorization

Fill in the following:

1. The name of the client whose records are to be released.
2. The name of the client whose records are to be released.
3. The social security number of the client whose records are to be released.
4. The date of birth of the client whose records are to be released (this is used for verification purposes to ensure we have the correct individual).
5. The current address (house number/street name/PO box) of the client whose records are to be released.
6. The city, state, and zip code of the client whose records are to be released.
7. The name of the person/organization you wish to release or exchange information to/with.
8. The address of the person/organization you wish to release or exchange information to/with.
9. The city, state, and zip code of the person/organization you wish to release or exchange information to/with.
10. The phone number of the person/organization you wish to release or exchange information to/with.
11. The fax and/or email of the person/organization you wish to release or exchange information to/with.
12. Please specify the purpose of obtaining and disclosing records by using the check boxes listed.
13. Please specify the documents that you want released by using the check boxes listed. **We will only release the documents authorized.*
14. The name of the person/organization you are releasing to (ie. legal resource, relative, community resource, etc.) This will be the same name you listed on line #7.
15. Please provide the date the authorization for release was completed.
16. Please indicate the timeframe that this authorization is valid for and specify the date from the day that you sign the release of information (ie. If today is 11/4/2020 and I would like the authorization to be 1 year from the day I sign the authorization, the date will be 11/4/2021).
17. Please provide your signature.
18. Please provide date of signature.
19. If the client is **not** signing the authorization, legal guardian will need to sign and identify the relationship to the client (ie. parent, guardian). If the client does not have a legal guardian and is over the age of 18y.o., please mark "N/A" on #19 & #20.
20. Please provide date of signature.
21. Staff signature **PLEASE DO NOT FILL OUT.**
22. Date of signature **PLEASE DO NOT FILL OUT.**
23. **PLEASE DO NOT FILL OUT UNLESS YOU ARE REVOKING YOUR RELEASE.** If you no longer want to exchange information to the person/organization identified in the authorization, please provide your signature.
24. **PLEASE DO NOT FILL OUT UNLESS YOU ARE REVOKING YOUR RELEASE.** If you no longer want to exchange information to the person/organization identified in the authorization, please provide the date of revocation.
25. The name of the person/organization you are releasing to (ie. legal resource, relative, community resource, etc.). This will be the same name you listed on line #7.
26. Please provide the date the authorization for release was completed.