

PRESTERA CENTER FOR MENTAL HEALTH SERVICES, INC.

(Revised 04/2017)

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Huntington, WV 25705
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Fax: 304-529-0163

511 MORRIS ST
Charleston, WV 25301
Phone: 304-341-0511
Fax: 304-345-8163

Prestera Center is authorized to Release/to Receive/from Exchange/with information

_____ (name and address)

about: _____ Maiden Name or Alias: _____
(Client Name)

Date of Birth: _____ 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 information (psychiatric evaluations, medical service notes, medication info., labs, diagnosis)
- _____ Clinician information (psychosocial summary, treatment plan, therapist summary, discharge summary)
- _____ Substance Use Information (doctor visits, summaries, urine drug screens, discharge summary)
- _____ 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 Center has already taken action in reliance on my authorization.

_____	_____	_____	_____
Client Signature	Date	Witness signature	Date
*****(Children 12 years and older must sign)*****			

_____	_____	_____
Parent/Legal Guardian/Legal Representative	Date	Relationship to client

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: _____