

Pacific Northwest Recovery & Counseling  
**RELEASE OF INFORMATION AUTHORIZATION**  
Liana Hategan, MD

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby authorize Liana Hategan, MD, PC  
to RELEASE \_\_\_\_\_ OBTAIN \_\_\_\_\_ EXCHANGE \_\_\_\_\_  
information to/from/with:

Include Information on:

Person or Facility \_\_\_\_\_

\_\_\_\_\_ Mental Health Records

\_\_\_\_\_ Treatment Plan or Summary

Address: \_\_\_\_\_

\_\_\_\_\_ Psychological Evaluation

\_\_\_\_\_ Chemical Dependency

Phone \_\_\_\_\_

\_\_\_\_\_ Diagnosis

Fax \_\_\_\_\_

\_\_\_\_\_ Psychotherapy Notes

\_\_\_\_\_ Test/Lab Results

FOR ALL DATES OF SERVICES: \_\_\_\_\_

\_\_\_\_\_ Medical/Hospital Records

OR FOR THE FOLLOWING DATES OF SERVICES:

\_\_\_\_\_ Other

\_\_\_\_\_ TO \_\_\_\_\_

This written consent is subject to revocation in writing at any time, except to the extent that action has been taken in reliance hereon. The release is valid for 6 (six) months from the date signed.

This document provides the authorization for the release of information and/or the request for information as indicated. Do not sign this release unless it is completed in full and in your best interests. Your refusal to sign this will not affect your ability to obtain health care services or reimbursement for services or enrollment in a health plan unless authorization is required to bill your insurance company, or if the services are solely for the purpose of providing information to someone else, and the authorization is necessary to make that disclosure. It is also understood that if the person that receives your information is not a health care provider or insurer, the information may no longer be protected by federal regulations. You may request a copy of

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

*The information disclosed to you by this authorization is protected by state law (ORS 179.505,192.525) and Federal regulations (42 CFR Part 2, 45 CFR Parts 160-164). You are instructed that you may not further disclose this information without the express written consent of the person to whom the information pertains. A general authorization for the release of medical information or other information is not sufficient for the purpose of alcohol and drug treatment records. Federal rules restrict the use of alcohol and drug treatment records to criminally investigate or prosecute any alcohol or drug abuse patient.*