



RELEASE OF INFORMATION

Patient’s Name

Birth date

Social Security Number

Information Disclosed To/From: **Reviewing Facilities/Funding Entities for Authorization Purposes**

SEND INFORMATION TO:
Hermitage Hall
1220 8th Avenue South
Nashville, TN 37203

OR
Confidential Referral FAX Number: 615-250-2388

To be used for the purpose of aiding in assessing appropriateness for Residential Treatment;

The specific type of information (check below) is to be disclosed to/from:

Name Street Address City State Zip

- | | |
|--|---|
| <input type="checkbox"/> Progress Notes | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Psychological Testing |
| <input type="checkbox"/> Laboratory Data | <input type="checkbox"/> Physical Examination |
| <input type="checkbox"/> X-ray Information | <input type="checkbox"/> Academic Information/IEP |
| <input type="checkbox"/> Alcohol and/or Drug | <input type="checkbox"/> Doctor’s Orders |
| <input type="checkbox"/> Use information (treatment records) | <input type="checkbox"/> Psychiatric Testing/Evaluation |
| | <input type="checkbox"/> The following Information: |
| <input type="checkbox"/> any other information _____ | |

I understand that I may revoke this consent at any time by submitting a written declaration of revocation. I also understand that any information released prior to the legal guardian’s revocation is legal and shall not constitute a breach of the legal guardian’s rights to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall remain valid for one year. I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. This release also allows for referring facility to send referral documentation (to include information collected from other third party providers) to other facilities within the state of Tennessee and Atlanta, Georgia for the purpose of residential treatment. I understand and authorize these actions.

Patient Date / /

Parent/Guardian/Authorized Representative Date / /

Witness Date / /

Mail, Fax, E-mail or Scan Documents to:

Hermitage Hall
1220 8th Avenue South
Referrals: 615-250-2403
Fax Number 615-250-2388
www.hermitagehall.com

Updated 5/9/2016