

**Birch Tree Communities, Inc.**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

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I, \_\_\_\_\_,  
(Name of Member)

\_\_\_\_\_, \_\_\_\_\_ AUTHORIZED  
(Date of Birth) (Social Security #)

\_\_\_\_\_  
(Name of Agency)

**TO RELEASE THE FOLLOWING INFORMATION FROM MY RECORDS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Psychiatric Evaluation and treatment history | <input type="checkbox"/> Medication Record          |
| <input type="checkbox"/> Social History                               | <input type="checkbox"/> Current Labs               |
| <input type="checkbox"/> Substance Abuse History and Treatment        | <input type="checkbox"/> Psychological Evaluation   |
| <input type="checkbox"/> Physical Exam and Medical History            | <input type="checkbox"/> Physician's Progress Notes |
| <input type="checkbox"/> Fact or Face Sheet                           | <input type="checkbox"/> Discharge Summary          |
| <input type="checkbox"/> Aftercare Plan                               | <input type="checkbox"/> Signed SMI Certification   |
| <input type="checkbox"/> Legal Documentation (court order, etc)       | <input type="checkbox"/> Guardianship Documentation |

Other: \_\_\_\_\_

**TO:**

\_\_\_\_\_ Birch Tree Communities, Inc., P. O. Box 1589, Benton, AR 72018  
(Name of Individual)

\_\_\_\_\_  
(Name of Individual & agency to whom information will be released)

**FOR THE PURPOSE OF:** \_\_\_\_\_

I am aware that this information may be sent by facsimile transmission. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be released without my written consent unless otherwise provided for in the regulations. I also understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

THIS AUTHORIZATION EXPIRES 1 YEAR FROM THE DATE IT IS SIGNED OR WHEN THERE HAS BEEN A FORMAL AND EFFECTIVE TERMINATION OF THE PROCEEDING UNDER WHICH I WAS MANDATED INTO TREATMENT.

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Witness, if appropriate)

\_\_\_\_\_  
(Date)