



Yakama Nation Behavioral Health

217 S. Toppenish Avenue
Toppenish, WA 98948

Phone: (509)865-5121 Ext.6203
Fax: (509)865-2064

Authorization to Release of Information

I, _____ DOB: _____

**Authorization for Use of Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R (Part 160 and 164)

I request and authorize YAKAMA NATION BEHAVIORAL HELATH to release healthcare information of the patient named above to: _____

Address: _____

This request and authorization applies to (check items):

- Intake Assessment
- Treatment Plan
- Progress Notes
- Discharge Summary
- Pertinent Medical or Mental Health Records

Other _____

I Understand:

- That my records are protected under Federal and Washington State Law and cannot be disclosed for purposes other than treatment, payment, and operations without my written authorization unless otherwise provided for in regulations.
- That my written authorization is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS VIRUS), sexually transmitted diseases, psychiatric disorders/mental health, and/or drug and/or alcohol use, you are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment.
- That the information used or disclosed may be subject to re-disclosure by the recipient and no longer protected.
- That I will be given a copy of this signed authorization and have the right to inspect or copy the information to be used or disclosed.
- That I have the right to refuse to sign the authorization and that YNBHP will not condition treatment, payment, enrollment in a health plan or eligibility for benefits on the provision of authorization.
- That YNBHP reserves the right to charge a reasonable fee for the provision of records.
- That I may revoke this authorization at any time by checking the revoked box, dating, and initializing it.

Client Signature

Date

Parent/Legal Guardian

Description of Authority

Date

Copy given/mailed by: _____ Date: _____