

Family Centered Services of Alaska Authorization to Inspect or Copy Client Record

Client #:	Client Name:
I hereby authorize Family Centered Services of Alaska to Release Information to:	
Person/Agency:	
Address:	
City/State/Zip:	
Phone:	Fax:
How would you like these records sent or received? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Hard Copy	
Email:	

Information Requested:	
<input type="checkbox"/> Psychological Assessments	<input type="checkbox"/> Treatment Plan/Reviews
<input type="checkbox"/> Clinical Progress Notes	<input type="checkbox"/> Treatment Team Meeting Notes
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Application for Services
<input type="checkbox"/> Inspect File	<input type="checkbox"/> Other:

This protected health information is being used or disclosed for the following purposes:

 [List specific purposes. "At the request of the individual" is acceptable if the request is made by the patient, and the patient does not want to state a specific purpose.]

This authorization is good through ___/___/___ (maximum of one year) and is given voluntary in writing for the above stated purpose. I have read this form and/or I have had it read to me and explained in a language that I can understand. This authorization will remain in effect until the expiration date unless it is revoked earlier. This authorization can be revoked at any time, by contacting the FCSA Privacy Officer and completing the withdraw authorization section below; this will not change any action taken between the original authorization date and date of revocation. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state regulations.

Client Signature:	Print Name:	Date
Parent/Legal Guardian:	Print Name:	Date
Witness:	Print Name:	Date

I withdraw my authorization for persons/agencies to share information as listed on this Authorization	
_____	_____
Signature of Parent/Legal Guardian	Date Signed