Medical Records Release Form

Please complete the following medical release consent that will allow your provider to coordinate your care with your primary care physician.

Patient Name:_____ Patient ID#_____ DOB _____

Address:_____

Dates of Treatment: _____

This consent authorizes release or disclosure of information from the medical records of the above named patient to:

MD:_____ Phone: _____

Address: _____

The information to be disclosed is limited to: (mark items to be disclosed)

- ☐ Entire Record
- ☐ Progress Notes
- ☐ Drug/Alcohol Treatment
- ☐ Mental Health Treatment History
- ☐ Treatment Plan
- ☐ Discharge Summary
- ☐ Social History
- ☐ Psychological Testing Results
- ☐ Diagnostic Evaluation
- ☐ Consultation
- ☐ Other:_____

The purpose of this disclosure is for coordination of care.

Unless otherwise specifically requested, I also consent to the release of information regarding HIV/ AIDS and chemical dependency/ substance abuse. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance thereon (i.e., information already released in reliance on a valid consent). If not earlier revoked, this consent shall expire ninety (90) days from the date of termination of services or as otherwise specified by me on:

_____ without express revocation. (date, event, condition)

Client	Date
Parent/ Guardian	Date
Legally Authorized Representative/ Relationship	Date
Staff member	Date
Witness	Date

To the receiving party of this information: With respect to clients receiving chemical dependency services, this information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peach State Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Peach State Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Peach State Health Plan at 1-800-704-1484 (TTY/TDD 1-800-255-0056).

If you believe that Peach State Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Peach State Health Plan Complaints Department, 1100 Circle 75 Parkway, Suite 1100, Atlanta, GA 30339, 1-800-704-1484 (TTY/TDD 1-800-255-0056), Fax 1-855-678-6982. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Peach State Health Plan is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, availabl at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week. Are you hearing impaired? If so, we can help you. Call: TTY/TDD 1-800-255-0056.

Español (Spanish):
Si usted, o alguien a quien está ayudando, tiene preguntas acerca de Peach State Health Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Tiếng Việt (Vietnamese):
Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Peach State Health Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-800-704-1484 (TTY/TDD 1-800-255-0056).

한국어 (Korean):
만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Peach State Health Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-704-1484 (TTY/TDD 1-800-255-0056) 로 전화하십시오.

中文 (Chinese):
如果您，或是您正在協助的對象，有關於 Peach State Health Plan 方面的問題，您有權利免費以您的母語得到幫助和訊息。如果要與一位翻譯員講話，請撥電話 1-800-704-1484 (TTY/TDD 1-800-255-0056)。

ગુજરાતી (Gujarati):
જે તમને અથવા તમે જેમની મદદ કરી રહ્યા હોય તેમને, Peach State Health Plan વિશે કોઈ પ્રશ્ન હોય તો તમને, કોઈ ખર્ચ વિના તમારી ભાષામાં મદદ અને માહિતી પ્રાપ્ત કરવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે 1-800-704-1484 (TTY/TDD 1-800-255-0056) ઉપર કૉલ કરો.

Français (French):
Si vous-même ou une personne que vous aidez avez des questions à propos d'Peach State Health Plan, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Pour parler à un interprète, appelez le 1-800-704-1484 (TTY/TDD 1-800-255-0056).

አማርኛ (Amharic):
እርስዎ ወይም እርሰዎ የሚረዱት ሰው ስለ Peach State Health Plan ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፣ ፣ አስተርጓሚ ለማነጋገር በ 1-800-704-1484 (TTY/TDD 1-800-255-0056) ይደውሉ፤ ፤

हिंदी (Hindi):
आप या जिसकी आप मदद कर रहे हैं उनके, Peach State Health Plan के बारे में कोई सवाल हों, तो आपको बिना किसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। किसी दुभाषिये से बात करने के लिए 1-800-704-1484 (TTY/TDD 1-800-255-0056) पर कॉल करें।

Kreyòl (French Creole):
Si oumenm, oubyen yon moun w ap ede, gen kesyon nou ta renmen poze sou Peach State Health Plan, ou gen tout dwa pou w jwenn èd ak enfòmasyon nan lang manman w san sa pa koute w anyen. Pou w pale avèk yon entèprèt, sonnen nimewo 1-800-704-1484 (TTY/TDD 1-800-255-0056).

Русский язык (Russian):
В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Peach State Health Plan вы имеете право получить бесплатную помощь и информацию на своем родном языке. Чтобы поговорить с переводчиком, позвоните по телефону 1-800-704-1484 (TTY/TDD 1-800-255-0056).

العربية (Arabic):
إذا كان لديك أو لدى شخص تساعده أسئلة حول Peach State Health Plan، لديك الحق في الحصول على المساعدة

تـ كـلـ فة. لـ لـ تحدث مع مـ ترجم اتـ صل بـ - 4841 والـمعـلومات الـ ضروريـة بـ لـغ تك من دون أيـة 704-800-1-تـ كـلـ فة. لـ لـ تحدث مع مـ ترجم اتـ صل بـ - 4841 والـمعـلومات الـ ضروريـة بـ لـغ تك من دون أيـة (0056-255-800-1 TTY/TDD).

Português (Portuguese):
Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Peach State Health Plan, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-704-1484 (TTY/TDD 1-800-255-0056).

فـارسی (naisreP):
داريـد، از ايـن حق بـه رخورداريـد كـه اگـر شما، يـا كـسي كـه بـه او كـمك مي كـند سؤالي در مورد nalP htlaeH etatS hcaeP داريـد، از ايـن حق بـه رخورداريـد كـه اگـر شما، يـا كـسي كـه بـه او كـمك مي كـند سؤالي در مورد 704-ردن بـا مـترجم بـا شماره 4841بـ راي صحـبت كـ را بـ صورت رايـ گان بـه زبـان خود دريـافـت كـند. كـمك و اطلاعات 800-1 (0056-255-800-1 TTY/TDD) تـماس بـ گـيريـد.

Deutsch (German):
Falls Sie oder jemand, dem Sie helfen, Fragen zu Peach State Health Plan hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-704-1484 (TTY/TDD 1-800-255-0056) an.

日本語 (Japanese):
Peach State Health Plan について何かご質問がございましたらご連絡ください。
ご希望の言語によるサポートや情報を無料でご提供いたします。 通訳が必要な場合は、1-800-704-1484 (TTY/TDD 1-800-255-0056) までお電話ください。