

Patient Name	Patient Code

2	AUTHORIZE MALVERN INSTITUTE			
3	TO DISCLOSE THE FOLLOWING INFORMATION (place "X" by those items to be released)			
X	Discharge Summary	X	Aftercare Treatment Plan	Referral Source
X	History and Physical	X	Diagnosis	Consultations
	Psychiatric Evaluation	X	Progress in Treatment	X Lab Reports, EKG
X	Presence in Treatment	X	Nature of Project	X Prognosis
X	History of Relapse		Frequency of Relapse	Other:
4	TO:			
	Insurance Company		Pharmacy	Primary Care Physician
	Emergency Contact		Probation/Parole Officer	Lawyer
	Family Member/SO		Employer	X Other: D&A Provider
Name or title of individual and/or organization to which the disclosure is to be made				
Address				
TELEPHONE		CELL NUMBER (if applicable)		FAX (if applicable)
5	THE PURPOSE OF THIS DISCLOSURE IS FOR			
X	Continuity of Care		Assist with Legal Issues	Update Medical Records
	Settle Insurance Claim		Emergency Contact	Discharge Aftercare Planning
	Application for Insurance		Keep family/SO informed	Medications /Pharmacy Care
	Billing for Pharmacy		Fill out Disability Forms	Other:
6	This consent is subject to revocation at any time, except to the extent that the person's program which is to make the disclosure has acted in reliance on it. Revocation of consent must be verbal or submitted in writing by the patient.			
7	If not previously revoked, this consent will terminate 90 days after patient's discharge from Malvern Institute or until all insurance claims are resolved.			
8	This form has been fully explained to me and I certify that I understand its contents. I have been offered a copy.			
9	I understand drug and alcohol information is being released. Federal Confidentiality Law 42 CFR and State Confidentiality Law 4 PA Code 255 supersede all other regulations.			
10	SIGNATURE OF PERSON PROVIDING CONSENT			
	X			
11	SIGNATURE OF WITNESS			
	X			
12	DATE (on which signed)			

<input type="checkbox"/> Patient Accepted	<input type="checkbox"/> Patient Declined	<input type="checkbox"/> a copy of this document	<input type="checkbox"/> Staff Member Initials	
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