$1650~\mathrm{SW}~45^{\mathrm{th}}~\mathrm{Pl}$ Corvallis, OR 97333



phone: 541.757.8068 fax: 541.758.1030 www.oldmillcenter.org

Release of Information

Client's Name:		Date of Birth:
Information to Be Used or Disclosed Information to be obtained under this authorization includes: Purposes of Disclosure Information listed above will be disclosed for the following purposes: Person or Organization Authorized to Use or Disclose Information Information listed above will be used or disclosed by: Name of person/organization Address/Phone/Fax Therapist or Organization to Whom Information may be Disclosed Information described above may be disclosed to: Old Mill Center for Children and Families Name of person/organization 1650 SW 45th Pl., Corvallis, OR 97333 (541)757-8068 (541)758-1030 Address Phone Fax Expiration of Authorization This authorization is effective for a year from the date signed (unless revoked or terminated by the patient, or the legal guardian.) Right to Terminate or Revoke Authorization You may revoke or terminate this authorization by submitting a written revocation to Old Mill Center. Potential for Re-disclosure		
<u>-</u>	proposes of Disclosure remation to be obtained under this authorization includes: reposes of Disclosure remation listed above will be disclosed for the following purposes: reson or Organization Authorized to Use or Disclose Information remation listed above will be used or disclosed by: re of person/organization ress/Phone/Fax reapist or Organization to Whom Information may be Disclosed remation described above may be disclosed to: Mill Center for Children and Families re of person/organization 9.8W 45th Pl., Corvallis, OR 97333 (541)757-8068 (541)758-1030 ress Phone Pax ration of Authorization whortration is effective for a year from the date signed (unless revoked or terminated by the patient, or the logal guardian.) to Terminate or Revoke Authorization are revoked or reminate bia sauthorization by submitting a written revocation to Old Mill Center. tital for Re-disclosure authority this information may not be protected under the federal privacy regulations. s of the individual ay inspect or request a copy (fa writing) of information that is used or disclosed under this authorization. Refusal to insurderization will not impact survivos to be delivered. ture of Individual Served (f 14 or older) Date Date	
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Name of person/organization		
Address/Phone/Fax		
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Rights of the individual You may inspect or request a copy (in writing) of informatic sign this authorization will not impact services to be deliver		sed under this authorization. You may refuse to sign this authorization. Refusal to
Signature of Individual Served (if 14 or older)		Date
Name of Legal Guardian (Please Print) (Required if the individual served is a minor or an adult when the individual served is a minor or a mi	no is unable to sign this fo	
Relationship to Individual		Date
Name of Legal Guardian (Please Print) (Required if the individual served is a minor or an adult wh	no is unable to sign this fo	
Relationship to Individual		Date