1650 SW 45th Pl Corvallis, OR 97333

Relationship to Individual



phone: 541.757.8068 fax: 541.758.1030 www.oldmillcenter.org

Physician Release of Information

Client's Name: Date of Birth: Information to Be Used or Disclosed Information to be obtained under this authorization includes: Individual Service Notes, Assessments, Individualized Service-Support Plans, Medications, Formulations. **Purposes of Disclosure** Information listed above will be disclosed for the following purposes: Mental Health Services and Coordination. Physician Authorized to Use or Disclose Information Information listed above will be used or disclosed by: Name of Doctor 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 **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 Information that is disclosed under this authorization may be re-disclosed. The privacy of this information may not be protected under the federal privacy regulations. Rights of the individual You may inspect or request a copy (in writing) of information that is used or disclosed under this authorization. You may refuse to sign this authorization. Refusal to sign this authorization will not impact services to be delivered. Signature of Individual Served (if 14 or older) Date Name of Legal Guardian (Please Print) Signature of Legal Guardian (Required if the individual served is a minor or an adult who is unable to sign this form) Relationship to Individual Date Name of Legal Guardian (Please Print) Signature of Legal Guardian (Required if the individual served is a minor or an adult who is unable to sign this form)

Date