AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

INFORMATION REQUESTED FROM:		**INFORMATION RELEASED TO:**	
		RALPH BHARATI M.D., P.A. / S.T.O.P.	
NAME/INSTITUTION		NAME/INSTITUTION	
		8911 EAST ORME, STE A	WICHITA, KS 67207
ADDRESS	CITY/STATE/ZIP	ADDRESS	CITY/STATE/ZIP
		316-686-7884	316-686-0036
TELEPHONE	FAX	TELEPHONE	FAX

INTIAL HERE:_____ RECIPROCAL RELEASE AUTHORIZATION (two-way exchange of information)

I hereby authorize the disclosure of the information checked below from the records of:

_____ _____
Patient Name Date of Birth

_____ _____
Address Date of Treatment

_____
City/State/Zip

Initial All Applicable:

_____Psychiatric information including written reports

_____Medical history, physical exam, lab reports for last year

_____Psychological testing information

_____Verbal communication

_____Substance abuse evaluations & treatment records

_____HIV/AIDS Information

_____Other:_____

_____Hospital treatment
(Check all that apply)

___Admit/Discharge Summary
___History & Physical
___Progress Notes
___Medical Orders
___Lab Data
___Bio-psychosocial Assessment

The purpose of this requested release is: ***Coordinate Treatment Services***

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and as protected health information as defined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 USC and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my treatment will not be conditioned upon signing this authorization and I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Upon completion of treatment services at Ralph Bharati, MD,PA

(Specification of the date, event, or condition upon which this consent expires)

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2, 42 USC) PROHIBIT ANY PARTY FROM MAKING ANY FURTHER DISCLOSURE OF THIS INFORMATION EXCEPT WITH THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION, IF HELD BY ANOTHER PARTY, IS NOT SUFFICIENT FOR THIS PURPOSE. FEDERAL REGULATIONS STATE THAT ANY PERSON WHO VIOLATES ANY PROVISION OF THIS LAW SHALL BE FINED NOT MOR THAN $500 IN THE CASE OF A FIRST OFFENSE, AND NOT MORE THAN $5000 IN THE CASE OF EACH SUBSEQUENT OFFENSE.—Drug Abuse Office & Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 USC 4582) Federal Register, Vol. 40, No. 127—Tuesday, July 1, 1975; Health Insurance Portability and Accountability Act of 1996 (42 USC).

Signature of Patient (14+ years)	Date	Signature of Parent/Legal Guardian	Date
Witness	Date	Printed Name of Parent/Legal Guardian	Relationship