



AUTHORIZATION FOR THE RELEASE OF INFORMATION -TPC to Other

I, _____, (DOB: _____) hereby authorize the
(Client's or Legal Representative's Name) (Date of Birth)

PANG Collaborative PLLC to release on paper, digitally, or electronically the following medical and/or behavioral health information to:

(Name of person(s) or organization)

(Organization's Address)

(Organization's Phone Number)

(Organization's Fax Number)

Initial one:

_____ **Full disclosure.** Release of any medical and/or behavioral health information including but not

limited to physician or nursing notes, vitals, labs, tests, medication lists, medication administration record, discharge planning, PANG Collaborative case notes, etc.

_____ **Limited disclosure.** You specify what information to share (i.e. specific date(s) of service, condition or treatment information, a specific procedure, etc.). Please indicate here what information you would like released from the entity named above:

I understand that by signing this authorization:

- it shall expire on ____/____/____ or until revoked by me in writing, whichever comes first. (date)
- I understand that this authorization may be updated at any time, and the most currently dated version will be the one used to release and disclose information pursuant to this authorization.
- The use and disclosure of my information is for the purposes of my healthcare treatment and coordination.

Advocating with Aloha

The Patient Advocacy Navigation & Guidance (PANG) Collaborative PLLC

Phone: 480.665.2833

Email: jodie@pangcollaborative.com

Website: www.thepangcollaborative.com



- I have the right to revoke this authorization at any time. The revocation must be made in writing to the PANG Collaborative and will NOT affect information that has already been used or disclosed.
- I am signing this authorization voluntarily and I have the right to receive a copy of this authorization.

Signature

____/____/____
Date

Relationship to Client

Printed Name of Signer if NOT the Client

Please note: Legal representatives must attach copies of authorization to act on the client's behalf as required by law. For example, healthcare power of attorney, legal guardianship, living will, birth certificate (children under 18 only) or healthcare surrogate.

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