Alaska Compass LLC
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Anchorage, AK 99503
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AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Patient Name:		DOB:	

I authorize Alaska Compass LLC to (please initial one or both):

Receive information from:		Give information to:	

Name of Organization:			
Phone:		Fax:	

Please release (please initial):

	Diagnostic Assessment		Medication List
	Psychological Evaluation		Laboratory Results
	Progress Notes/Testing Results		Verbal communication
	Discharge/Treatment Summary		Other:

Approximate dates of information requested:_____

I understand these records may include reports involving HIV (human immunodeficiency virus), AIDS, alcohol/ drug abuse or dependency, psychiatric treatment, sickle cell anemia, tuberculosis.

Purpose of Disclosure (please initial):

	Coordination of Care and Services		Legal Disability Claims
	Future Referrals		Other:

Revocation and Expiration of Consent: Upon fulfillment of the above stated purpose(s), this consent will automatically expire one year following the date of the signature(s) without my express revocation or unless otherwise specified at other date: I understand that I may refuse to sign this authorization and that my refusal to sign may or may not affect my ability to condition treatment, payment, enrollment or eligibility for benefits. I understand that I may revoke this consent to release information at anytime by; Written notice (except when legal action prevents revocation, ie: probation, parole, court confinement.) I understand that Alaska Compass LLC cannot release information disclosed by this authorization to anyone other than listed above and the information used or disclosed pursuant to this authorization may be subject to re disclosure by the recipient only upon my written consent. I further understand that the information disclosed as a result of this authorization may no longer be protected and could be disclosed by the recipient without my permission. A copy of this authorization shall be considered as valid as the original.

Patient Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____