

Joseph Liu, MD
Psychiatrist

PSYCHOLOGICAL AND
PSYCHIATRIC SERVICES



**AUTHORIZATION TO RELEASE
MEDICAL/PSYCHIATRIC INFORMATION**

PATIENT NAME: _____

SS#: _____ Date of Birth: _____

Patient or legal representative signature:

_____ Date: _____

I authorize Joseph Liu, MD, at the below fax number and address to:

_____ Send my records to: _____ Obtain my records from: _____ Verbally Communicate with:

Individual/Agency Name: _____

Address: _____

Fax #: _____ Phone #: _____

Specifically the following:

Progress Notes of Physician/Therapist
Psychological Treatment/Testing
Psychiatric History
Lab Results

Discharge Summary
Billing Information
Medication Management
Speak to:

This information is needed for:

Continued care by the receiving facility/ physician/therapist

Claims settlement with insurance company

Legal Proceeding or advice

This information is protected under the privacy Act, the Drug Abuse Office and Treatment Act and, the Comprehensive Alcohol Abuse and Alcoholism prevention, Treatment and Rehabilitation Act.

I have carefully read and fully understand this authorization. I realize that I must voluntarily and knowingly sign this authorization before any records can be released. I may refuse to sign and in that event the records cannot and will not be released. I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance on it. If not previously revoked, this consent will terminate one year from the date written below. A photocopy of this authorization form is as valid as the original and it is available upon **request**.

PROHIBITION ON REDISCLOSURE: THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW, FEDERAL REGULATION (42 CFR, PART 2) PROHIBIT YOU FROM MAKING ANY FEATURE DISCLOSURE OF THIS INFORMATION EXCEPT WITH SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS. A GENERAL AUTHORIZATION FOR RELEASE OF MEDICAL OR OTHER INFORMATION IF HELD BY ANOTHER PART IS NOT SUFFICIENT FOR THIS PURPOSE, FEDERAL REGULATIONS STATE THAT ANY PERSON WHO VIOLATED ANY PROVISION OF THIS LAW SHALL BE FINED NOT MORE THAN \$500 IN CASE OF FIRST OFFENSE, AND NOT MORE THAN \$5,000 IN THE CASE OF EACH SUBSEQUENT OFFENSE.

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