



Jennifer Combs, PMHNP-BC  
 P-503.756.7479 | F- 971.229.4048  
 4431 SE Woodstock, Portland, OR 97206  
[JenniferCombsNP@gmail.com](mailto:JenniferCombsNP@gmail.com)

**Authorization to Release Confidential Records and Information**

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

I authorize Jennifer Combs, PMHNP to (INITIAL below where appropriate):

=> \_\_\_\_\_ Receive information from

=> \_\_\_\_\_ Release information to

Provider/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Provider/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

I specifically authorize release of the following (INITIAL where appropriate):

\_\_\_ Psychiatric/Psychological Evaluations/Tests \_\_\_ Lab Results \_\_\_ Intake and Discharge Summaries

\_\_\_ EKG Reports \_\_\_ History and Physical Assessments \_\_\_ Treatment Plans

\_\_\_ Emergency Room Reports \_\_\_ Educational records \_\_\_ Developmental/Social History

\_\_\_ Other – Specify: \_\_\_\_\_

\*\* Information about alcohol and/or drug abuse, and HIV/AIDS related records will be released under this consent unless indicated here:

\_\_\_ Do NOT release \_\_\_ Drug/Alcohol Abuse records/treatment ONLY may be released

\*\*This information has been disclosed to you from records of clients whose confidentiality is protected by federal law. Federal regulation (42 CFR, Part 2) prohibits you from making any further disclosure without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is Not sufficient for this purpose. Federal regulation also restricts any use of the information to criminally investigate or prosecute the client. I have had this explained to me, and I fully understand this authorization to release information and records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I further understand that I am not giving my permission for any disclosure other than what is described and initialed above. This consent may be revoked by me at any time but many not be revoked in respect to information provided or actions taken prior to the time of revocation. Unless expressly revoked earlier, this expires one year from the signature date.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Or- Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_