Michael Domash, M. D.
2215 Broadway Vancouver, WA 98663 Phone: (360) 906-7156 Fax: (360) 696-3658

AUTHORIZATION FOR RELEASE OF INFORMATION

We can help you better if we are able to work with other agencies that know you. By signing this form, you are giving permission for this organization to share information about you.

Name: _____ D.O.B. _____

I authorize the following individual, Michael Domash, M.D., to exchange information with:

_____ at;

Phone: (_____) _____-_____ Fax: (_____) _____-_____

Address:_____

Including records of:

Check report		If Applicable, Date of Report
__Yes	__No	Face Sheet _____
__Yes	__No	Admission History _____
__Yes	__No	Health Assessment _____
__Yes	__No	History & Physical Exam _____
__Yes	__No	Psychosocial History _____
__Yes	__No	Social Service _____
__Yes	__No	Progress Notes
		From _____
		To _____
__Yes	__No	Alcohol/Drug _____
__Yes	__No	Psychiatric _____

Check report		If Applicable, Date of Report
__Yes	__No	Psychological Evaluation _____
__Yes	__No	X-Ray Reports _____
__Yes	__No	Lab Reports _____
__Yes	__No	Discharge Summary _____
__Yes	__No	Consultation by _____
__Yes	__No	Consultation by _____
__Yes	__No	Other _____

Initials required for HIV testing/AIDS release _____

Information regarding sexually transmitted disease, including HIV testing and/or AIDS (date) _____

Purpose: The information exchanged will be used for evaluation, treatment planning, and coordination of services for me, or for other purposes as specified:

_____

This permission is good for six (6) months or until: _____

I can cancel this at any time, but I understand that the cancellation will not affect any information that was already released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

__Client __Guardian __Parent __Legal Custody

_____ _____
Signature Date

_____ _____
Witness Signature Date