

Guide to Complete: Authorization For the Release of Confidential Patient Health Information

Purpose of Release: Authorizes Fairfax Behavioral Health to release confidential health care information about the patient to an entity outside of Fairfax.

Completing the form: Please make sure to complete all sections of the form including:

- Patient information
- Recipient information
- Specific information to be released
- Purpose of Release
- Release Requiring Specific Consent
 - Fairfax Hospital is a behavioral health facility. Patient needs to consent to the release of Mental Health/Illness records for Fairfax to release *any* records.
- Signature of legal representative and/or patient (we do not accept electronic signatures)

Where to send the form:

- If you completed this form at Fairfax, please give to the front desk receptionist to be forwarded to Health Information Department
- If you are completing this form at home, please mail, fax, or email the completed form to Fairfax's Health Information Management Department.
 - Fairfax Behavioral Health
Attn: Health Information Management
10200 NE 132nd Street
Kirkland, WA 98034
 - Fax: (425) 820-3533
 - Email: Fairfaxroi@uhsinc.com

Fee & Turnaround Time:

- Please allow up to 15 business days for processing (RCW 70.02.080)
- There may be a fee for copying the medical records. Please ask release of information personnel for more information about the fee schedule.

Consent of Minors:

- A minor patient's signature is required in order to release information on the following conditions (Federal Regulation 42 CFR Part 2 and HIPAA 45 CFR Parts 160 & 164)
 - Information relating to reproductive care including but not limited to birth control and pregnancy related services and sexually transmitted diseases including HIV/AIDs (age 14 and older)
 - Drug and alcohol abuse diagnosis (age 13 and older)
 - Mental Health conditions and psychotherapy (age 13 and older)