

LAKE CHARLES MEMORIAL HOSPITAL **Authorization for Release of Confidential Information**
1701 Oak Park Boulevard
Lake Charles, Louisiana 70601

I _____ DOB: _____ hereby

authorize _____ to release
to Lake Charles Memorial Hospital, 1701 Oak Park Blvd., Lake Charles, LA 70601, phone number 337-
494-3142, the information indicated below with regard to services provided to me for the following
purposes:

For treatment at this facility Date of visit or admission: _____
 For processing of my insurance claim
 For application for insurance
 Other, specify _____

Reports to be furnished:

Diagnosis, including those related to alcohol or drug abuse, if any
 History and physical examination reports
 Consultations
 Laboratory and x-ray reports
 Physician's progress notes
 Physician's discharge summary
 Physician's orders
 Integrated Progress Notes (counselor and nurse)
 Treatment Plan
 Verbal Reports to/from _____
 Weekly progress reports to/from _____
 Counselor's psycho social Evaluation Summary
 Psychological evaluation, based on testing material
 Counselor's discharge summary
 HIV Status and/or information
 Other, specify _____

I understand that my records (including alcohol, drug abuse or mental status information) are protected by
Federal Regulations. This consent to disclose information may be revoked by me at any time except to the
extent that action has been taken in reliance thereon. This consent (unless expressly revoked earlier in
writing) expires upon 90 days.

Signature of _____ **Date** _____
patient

Signature of witness _____ **Date** _____

Signature of Parent, Guardian or _____ **Date** _____
Legal Representative _____
(nature of relationship)

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose
confidentiality is protected by Federal Law, FEDERAL REGULATIONS (42CFR PART2) prohibit you
from making any further disclosure of this information except with the specific written consent of the
person to whom it pertains. A general authorization for release of medical or other information if held by
another party is not sufficient for this purpose. The Federal Rules restrict any use of the information to
criminally investigate or prosecute any alcohol or drug abuse patient. Federal Regulations state that any
person who violates any provision of this law shall not be fined more than \$5,000 in the case of each
subsequent offense.

Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and
Alcoholism Prevention, treatment and Rehabilitation Act of 1970 (42 USC 4582) Federal Register, Vol. 40,
No. 127 – Tuesday, July 1, 1973.