Willow Oak Community Behavioral Health Center, Inc.
37 Calumet Parkway, Building J, Suite 101 & 102, Newnan, GA 30263
O: 770-7683-6946 F: 770-683-6949
Willowoakgeorgia.com

Request of Confidential Medical Records

I (Client and/or Legal Guardian) hereby authorize **Willow Oak Community Behavioral Health Center, Inc.** to receive information and medical records about services rendered:

Name, address, medical records fax number of agencies WOCBHC requesting information from:

_____

_____

_____

This information will be used for the following purpose(s): **Behavioral Health Services**

Such information may be transmitted under the conditions stated below and/or required by Federal and/or State law, including court orders. This release is effective for a period of one year from the date of release or by written request of the client.

Dates of services covered in this request: Records within the last 3 years records from today's date

Individual Name:	Date of Birth:
Insurance #:	Referral Date:

Information to be given may include:

• **Medical Records**	• **Social/Development History**	• **Lab & X-Ray Reports**
• **Discharge Summary**	• **Psychiatric Evaluation**	• **Verified Diagnosis**
• **Psychological Evaluation**	• **Education Records ***	• **Psychiatric Treatment**
• **Vocational Evaluation/Summary**	• **Other Documents/Records**	• **Medication Reconciliation Form**

*Education records may include but are not limited to academic/grade reports, attendance reports, behavioral/discipline reports, student support, behavior plans, special education (IEP, Psycho-education evaluations), standardized test scores, and tribunal records.

Phone Number: _____

_____
Consented Individual's Signature Today's Date

_____
Witness Signature Today's Date

To the agency or person receiving information with this release: This information has been disclosed from records whose confidentiality is protected by state law. State regulations prohibit you from making any further disclosure of this information without prior written consent of the person to who it pertains and/or the parent/legal guardian.