

Bright Tomorrows

Child Advocacy Center

Working Together for our Children



Release of Information

- Federal law says that Bright Tomorrows Child Advocacy Center (BTCAC) cannot share your protected health information without your permission except in certain situations. If you sign this form, you are giving BTCAC permission to share the health information BTCAC has with the person and/or agency listed below.
- This authorization will last for one year from the signature date, or until revoked in writing by the client or his/her representative.
- Right to Revoke: If you decide you do not want BTCAC to share your health information any longer, sign the revocation at the end of this form and give this form to BTCAC.
- BTCAC cannot promise that the person or agency you permit BTCAC to share your information with will not share your information with someone else you may not want to have your health information.
- You can keep a copy of this authorization if you so choose, or you can ask BTCAC staff to make you a copy if you do not have one.

Client Name: _____ Date of Birth: _____

1. I give permission to Bright Tomorrows Child Advocacy Center (BTCAC) to *share* my health information *with*:

Name of Agency or Individual Address City/State/ZIP

(AND / OR)

2. I give permission to the following agency and/or individual to *release* my health information *to* BTCAC:

Name of Agency or Individual Address City/State/ZIP

- All of my health information (including the provision of mental health and/or psychiatric care)
- All of my health information related to a certain event _____
- All of my health information covering a time period from _____ to _____

Client Signature Printed Name Date

Authorized Representative (Parent/Guardian) Printed Name Date

Revocation of Authorization:

I no longer want BTCAC to share my health information with the individual or agency listed above.

Signature: _____

Date: _____