

Stepping Stones to Well Being, LLC

Fax: 603-218-6990 Mailing Address: 131 Main Street Epping, NH 03042

Patient Name _____ DOB: _____

Address: _____

I hereby request and authorize Stepping Stones to Well-Being, LLC. to (please check the appropriate box)
_____ Receive From _____ Exchange With _____ Provide To

Name/Address/Phone/Fax: _____

Please use another page for additional providers – this is for ONE provider only

The purpose of this release is for: [] Coordination of Care [] Transition of Care

Information to be released in written or oral form (Please Check):

Table with 2 columns: Information to be released, and Medical History. Rows include Initial Evaluation, Recent Lab Work, Diagnosis, Hospital Discharge Summary, IEP/504 Plan, Other, Medical History, Treatment Summary, Current Medications, Psychological Testing, Appointment Times/Attendance, Other.

If my initials appear here _____, I specifically authorize release of drug, alcohol abuse, sexually transmitted disease and/or counseling/psychiatric records. I understand that my drug treatment records are protected by under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, Subpart C and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

If my initials appear here _____, I specifically authorize release of my records that contain information about my HIV diagnosis, tests or treatment of HIV and AIDS, and which may contain reference to my identity as HIV positive or as an AIDS patient.

I have carefully read and understand the above statements, and voluntarily consent to disclosure of the above information about, or medical records of my condition to those persons of agencies named above. I understand this authorization may be revoked at any time. Revocation must be made in writing.

This authorization will expire at the termination of treatment unless revoked prior to termination of treatment.

By providing the electronic signature above, the individual agrees that the electronic signature is the legal equivalent of a manual signature.

Client/Guardian Signature

Date