Information Release

14230 NE 21st Street
Bellevue, WA 98007
425.614.1282
425.614.1294 fax
www.herohouse.org

Member Name: _____ Today's Date: _____
First MI Last

DOB: _____/_____/_____ SSN: _____–_____–_____

Address: _____ Apt#: _____

City: _____ State: _____ Zip:_____County:_____

I authorize HERO House (14230 NE 21st St., Bellevue, WA 98007), a program of NAMI Eastside to release and/or receive information regarding my: *(please initial all that apply)*

_____ HERO House Referral Form
_____ Treatment Plan Identifying Club House Service
_____ Psychiatric Evaluation
_____ Treatment Summary
_____ Physical Examination
_____ Alcohol/Drug Use Evaluation
_____ Physical Examination
_____ Educational History/Status
_____ Psychological Evaluation/Testing Report
_____ HIV/AIDS Testing/Status Report
_____ Initial Assessment
_____ Other (please specify): _____

To: _____
Name Business

_____
Address

_____ (_____) _____
City State Zip Phone

I understand that this release of information is for the purpose of initial membership intake. This information includes information collected from me or created by a Provider, or information received by the Provider from another health care provider, a health plan, my employer, a health care clearinghouse, or other community sources. Health information may relate to my past, present or future physical or mental health or condition, the provision of my health care, or payment for my health care services. Furthermore, I understand that my personal health records are protected under State WAC 388-865 and RCW 71.05 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This consent releases my protected health information to be transmitted by telephone, fax or mail.

This authorization will remain in effect for 365 days form date below.

I understand that I may revoke this consent, in writing, at any time except to the extent that Hero House has already released and/or received information in reliance on this form.

_____ _____
Member Signature Date

_____ _____
Witness Signature Date