



Santa Barbara County

### Authorization to Obtain or Release Health Information

To the Santa Barbara County Alcohol, Drug and Mental Health Services Department, Public Health Department and/or Department of Social Services

Client Name (print): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Other identify name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

I authorize the agencies checked below to share information about me exclusively for the purpose of assisting me with obtaining alcohol, drug, mental health, medical, social services, housing services, and/or Social Security benefits:

- Santa Barbara County Alcohol, Drug and Mental Health Services (ADMHS)
- Santa Barbara County Department of Social Services
- Santa Barbara County Department of Public Health
- Other \_\_\_\_\_

This authorization to exchange information applies only to the items I have checked below

- All items in this list
- Progress Reports
- HIV/AIDS Info
- Psychiatric/Psychological Social Assessment
- Mental Health Info
- Treatment or Personal Service Plan
- STD Info
- Other \_\_\_\_\_
- Attendance Only Info
- (Please Specify)
- Consultation Reports
- Diagnosis
- Discharge Summary
- Medical, Neurological Assessment or Lab Tests
- Medication

If not revoked, this authorization shall terminate after (check one):  6 months  One year

Other \_\_\_\_\_ must be less than one year)

(Over, please)

Authorization to Obtain or Release Health Information

To the Santa Barbara County Alcohol, Drug and Mental Health Services Department,  
Public Health Department and/or Department of Social Services (continued)

I understand the following about this authorization:

- I may revoke this authorization in writing by contacting the agency with whom I initially signed the release:

Alcohol, Drug & Mental Health Services  
300 N. San Antonio Road, Bldg. 3  
Santa Barbara, CA 93110  
ATTN: Medical Records

Public Health Department  
345 Camino Del Remedio, second floor  
Santa Barbara, CA 93110  
ATTN: Medical Records

Department of Social Services  
234 Camino del Remedio  
Santa Barbara, CA 93110  
ATTN: General Relief

- Treatment may not be denied based on my refusal to sign this form.
- If any of the organizations I have authorized to exchange information are not health plans or health care providers, the information released to those organizations may no longer be protected by federal privacy regulations.
- Disclosures resulting from this authorization may be in written, electronic, and/or verbal form. I have a right to receive and I will be offered a copy of this authorization.
- A copy of this authorization is as valid as an original.
- Under no circumstances am I required to authorize the disclosure of psychotherapy notes.

Signature of Client/Consumer \_\_\_\_\_ Date \_\_\_\_\_

Witnesses: If signed with a mark, two witnesses' signatures are required. One witness must also print the name of the individual by the mark.

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_