

**PATRICK BALDWIN, LCSW**

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION TO PRIMARY PHYSICIAN**

I \_\_\_\_\_ hereby authorize Patrick Baldwin, LCSW  
Patient/Legal Guardian's Name Practitioner's Name  
to disclose to my Primary Care Physician, \_\_\_\_\_ all  
clinical information about me as may be necessary to permit my Primary Care Physician to  
monitor the continuity of my care and to inform my Primary Care Physician of my health status.

This authorization becomes effective \_\_\_\_\_ and may be revoked by me in writing at  
any time, with the exception of any actions already taken to coordinate my care. Unless  
previously revoked by me, this authorization automatically terminates the earlier of six (6)  
months form the effective date. I understand that this authorization does not extend to the  
release of any AIDS/HIV information unless I also placed my initials here \_\_\_\_\_. I further  
understand that the information authorized by this release will be released to the authorized  
representative only, for the purposes noted above. I understand I (or my legal representative) am  
entitled to a copy of this authorization form for my records.

(  ) I do not authorize release of clinical information to my Primary Care Physician.

\_\_\_\_\_  
Legal Signature of Patient or Legal Guardian Date

\_\_\_\_\_  
Name of Patient

Name of Primary Care Physician \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone   (  )   \_\_\_\_\_ Fax   (  )   \_\_\_\_\_

**Notice to Recipient:** This information has been disclosed to you from records protected by  
Federal confidentiality rules (42 CFR Part 2) and/or state law. In accordance with federal and  
State law requirements, this information received pursuant to this document is confidential  
and recipient is prohibited from making further re-disclosure of this information to any other  
person or entity, or to use it for any purpose other than as authorized herein, without the written  
consent of the person to whom it pertains or as otherwise permitted by law. A general  
authorization for the release of medical or other information is NOT sufficient for this purpose.  
The federal rules restrict any use of the information to criminally investigate or prosecute any  
alcohol or drug patients.

