



**WebMed Mental Health Services**  
925 E Superior Street Suite 113  
Duluth, MN 55802-2253  
Phone: 218-310-8896 | Fax: 218-206-6276

**AUTHORIZATION TO RELEASE/EXCHANGE PROTECTED HEALTH INFORMATION**

Name:

DOB:

I authorize WebMed Mental Health Services: (check all that apply)  release to  obtain from  verbal exchange

Agency or Individual:

Methods of Disclosure:

Phone: 218-310-8896  Fax: 218-206-6276

State and federal law protect the following information. Please indicate if you would NOT like this information released:  Substance Abuse  Mental Health

Purpose of this disclosure: Coordination of Care

Indicate Dates of Services of records to be released:

If no specific dates are listed, only the most recent service note will be released

The following information may be disclosed:

Medical History/History and Physical Exam

This authorization lasts for one year after the signed date unless you enter a different expiration date here:

This authorization may be canceled in writing at any time. A cancellation will not change releases that happened before the cancellation. WebMed LLC Notice of Privacy Practice describes how to cancel (revoke) this authorization. WebMed LLC will not restrict my treatment if I choose not to sign this authorization. A photocopy/fax of this authorization will be treated in the same way as an original. WebMed LLC records may include records from other organizations that were used for my treatment.

WebMed LLC cannot prevent re-disclosure of your information by the person or organization who received your records under this authorization, and that information may not be covered by state and federal privacy protections after it is released. By signing this authorization, you release the WebMed LLC and all liability resulting from a re-disclosure by the recipient. Chemical dependency/substance abuse records are protected from re-disclosure by 42 CFR, Part II. The Federal rules prohibit you from making any further re-disclosure of this information unless further disclosure expressly is permitted by the written consent of the person to whom it pertains or otherwise permitted by 42 CFR, Part II. Your signature indicates that you have read and understand this form and authorize the release of your information as described above. You have a right to a photocopy of this signed authorization

Signature of Client/Parent or Legal Representative:

Date: