



How to Fill Out “Release of Information” Forms

Your health information is considered private per the Health Insurance Portability and Accountability Act (HIPAA). To release your information to anyone, the enclosed form must be **completed** and **returned**. An **incomplete form may not be accepted**.

Please read this entire page before completing and signing this form.

If you have any questions about the release of your health information or this form, please call us at (907)333-4343. When complete, please return forms to us at 1231 Gambell Street, Anchorage AK, 99501 or via FAX (907)333-4383.

Section A APPLICANT INFORMATION

- Fill in your name, date of birth, and a current phone number where you can be reached.
 - If you are the legal representative for the client, fill in your information and attach a copy of your ID and/or copy of Power of Attorney documentation
 - All these items are used to identify your health information and to make certain that only your information is sent.

Section B AUTHORIZATION STATEMENT

- Read the Statement and place your initials

Section C RELEASE RECORDS FROM/SEND RECORDS TO

- **FROM:** In this section, state **who** is sending your health information.
 - Please be as specific as possible. If you want to limit what is sent, you can name a specific facility, for example Main Street Clinic. Or name a specific professional, for example chiropractor John Jones.
 - Please use the specific lines. Providing location information may help make your request clearer.
 - Please print “*All my health care providers*” in this section if you want health information from all of your health care providers to be released.
- **TO:** Indicate where you would like the requested health information sent.
 - It is best to provide a complete mailing address as not everyone will fax health information.

Section D DESCRIPTION OF PROTECTED HEALTH INFORMATION TO BE RELEASED

Part 1. Indicate what health information you want sent. If you want to limit the health information that is sent to a particular date(s) or year(s), specialty or condition indicate that on the line provided.

Part 2. Important: There are certain types of health information that require special consent by law. For your protection, it is recommended that you initial and check the requested categories of health information. This helps prevent others from changing your form.

EXAMPLE: I DO I DO NOT JohnDoe Approve release of inpatient/outpatient mental health/developmental disabilities treatment services.

Chemical dependency program information comes from a program or provider that specifically assesses and treats alcohol or drug addictions and receives federal funding. This type of health information is different from notes about a conversation with your physician or therapist about alcohol or drug use. To have this type of health information sent, check and place your initials.

Psychotherapy notes are kept by your psychiatrist, psychologist or other mental health professional in a separate filing system in their office and not with your other health information. For the release of psychotherapy notes, you must complete a separate form noting only that category. You must also name the professional who will release the psychotherapy notes in section C.

Section E METHOD OF DELIVERY

Health information includes both written and oral information. If you do not want to give permission for persons in section C (**FROM**) to talk with persons in section C (**TO**) about your health information, you need to indicate that in this section.

Section F PURPOSE OF THIS AUTHORIZATION

Please indicate the reason for releasing the health information.

Section G EXPIRATION OF THIS AUTHORIZATION

Your authorization will remain valid for ONE YEAR from the date of your signature, unless you specify a different date on the space provided. You have the right to revoke your permission at any time. Please revoke by contacting the CHOICES, Inc. Intake and Client Records in writing at 1231 Gambell Street, Anchorage AK, 99501 or via FAX (907)333-4383

Section H CONDITIONS OF AUTHORIZATION

- Read the following statements

Section I SIGNATURES

Please sign and date this form. If you are a legally authorized representative, please sign, date and indicate your relationship to the client. You may be asked to provide documents showing that you are the client or the client’s legally authorized representative

List of Care Providers

| PROVIDER | ADDRESS | PHONE FAX |
|--|--|---|
| Abused Women's Aid in Crisis Office (AWAIC) | 100 W. 13th Avenue Anchorage, AK 99501 | Phone: (907)279-9581 Fax: (907)279-7244 |
| Access Alaska | 1217 East 10th Ave Anchorage, AK 99501 | Phone: (907)248-4777 Fax: (907)263-1942 |
| Akeela Inc | 360 West Benson Boulevard Suite 300 Anchorage, AK 99503 | Phone: (907)565-1200 Intake: (907)433-7080 |
| Alaska Psychiatric Institute | 3700 Piper Street Anchorage, AK 99508-4677 | Phone: (907)269-7100 Fax: (907)269-7251 |
| Anchorage Community Mental Health | 4020 Folker Street Anchorage, AK 99507 | Phone: (907)762-8621 Intake: (907)563-1000 |
| Alaska Native Medical Center (ANMC) | 4315 Diplomacy Drive Anchorage, AK 99508 | Phone: (907)-563-2662 Fax: (907)-729-3001 |
| Anchorage Neighborhood Health Center | 4951 Business Park Blvd PO Box 201849 Anchorage AK 99520 | Phone: (907)743-7201 Fax: (907)743-7255 |
| Anchorage Gospel Rescue Mission | 2823 E Tudor Rd, Anchorage, AK 99507 | Phone: (907)-563-5603 Fax: (907)-563-3863 |
| Assets, Inc. | 2330 Nichols St. Anchorage, AK 99508 | Phone: (907)9279-6617 Fax: (907)274-0636 |
| Assistive Technology of Alaska | 3330 Arctic Blvd., Suite 101 Anchorage, AK 99503 | Phone: (907)563-2599 Fax: (907)563-0699 |
| Bean's Café/Day Shelter | 1101 East 3rd Avenue Anchorage, AK 99501 | Phone: (907)274-9595 Fax: (907)277-5251 |
| Brother Francis Shelter | 1021 East 3rd Avenue Anchorage, AK 99501 | Phone: (907)277-1731 Fax: (907)-272-4666 |
| Clitheroe Center | P.O. Box 190567 Anchorage, AK 99519 | Phone: (907)-243-1181 Fax: (907)-770-8880 |
| Genesis Recovery Services, Inc. | 2825 West 42nd Ave. Anchorage, AK 99517 | Phone: (907)-243-5130 Fax: (907)-248-8350 |
| Hope Community Resources | 540 West International Airport Road Suite 100 Anchorage, AK 99518 | Phone: (907)561-5335 Intakes: (907)433-4800 |
| Planned Parenthood - Anchorage Health Center | 4001 Lake Otis Pkwy Suite 101 Anchorage AK 99508 | Phone: (800)769-0045 Fax: (206)788-8339 |
| Providence – Anchorage Behavioral Health Outpatient | 3760 Piper St, Suite 1108 Anchorage, AK 99508 | Phone: (907)212-3090 Fax: (907)212-6936 (OP) |
| Providence – Anchorage Behavioral Health Inpatient | 3260 Providence Drive, C Tower, Suite 537 Anchorage, AK 99508 | Phone: (907) 212-2673 Fax: (907) 212-2941 (IP) |
| Providence Crisis Recovery Center | 3760 Piper Street Suite LL-139 Anchorage, AK 99508 | Phone: (907)563-5006 Fax: (907)563-3217 |
| Southcentral Foundation | 4501 Diplomacy Drive Anchorage, AK 99508 | Phone: (907) 729-2500 Intake: (907) 524-3299 |
| Volunteers of America Alaska - Behavioral and Substance Abuse Treatment Services | 509 W 3rd Ave Ste 103 Anchorage AK 99501 | Phone: (907)279-9634 Fax: (907)276-5489 |

Note: This is not a complete list of providers and is a subject to change. Please, use this list for reference only.