



Evansville Psychiatric Associates
Complete Outpatient Mental Health Care

2015 Maxwell Avenue, Evansville, IN 47711
Phone: 812-422-7974 Fax: 1-812-671-0627
Email: faxes+2038119@waitingroomsolutions.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Address: _____

Any Previous Name(s): _____ SSN: _____

The undersigned, Patient or Personal Representative of Patient, does hereby request and authorize Evansville Psychiatric Associates to

- Receive records from
- Release records to
- Both

The following office or individual:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

For the following information described and disclosed demographics, symptoms, history and physical, diagnosis, functional status, treatment plan, medication, psychological test results, recent lab results, prognosis, attendance, progress, which may include mental health and drug/alcohol information.

This authorization will expire in 1 year, 90 days, Date: _____

Signature of Patient / Parent / Guardian: _____

Date: _____