



## MOUNTAIN LAKE SERVICES

10 St. Patrick's Place  
Port Henry, NY 12974

### CONSENT, AUTHORIZATION AND RELEASE - ARTICLE 16 CLINIC

Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

#### Authorization to Obtain Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] AM [ ] PM

I, \_\_\_\_\_, hereby authorize the release of medical, psychological,  
*Name of Individual or Authorized Representative*

social work, and/or other pertinent information from the records of \_\_\_\_\_

*Individual's Name*

from: Doctor/Agency: \_\_\_\_\_

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

to: Mountain Lake Services' Article 16 Clinic for the purpose of providing and/or arranging needed services. I understand that Mountain Lake Services will maintain the confidentiality of this information. This authorization shall remain valid until terminated in writing by the undersigned.

#### Authorization to Release of Information

Date: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] AM [ ] PM

I, \_\_\_\_\_, hereby authorize the release of medical, psychological,  
*Name of Individual or Authorized Representative*

social work, and/or other pertinent information from the records of \_\_\_\_\_

*Individual's Name*

maintained by Mountain Lake Services' Article 16 Clinic to:

Doctor/Agency: \_\_\_\_\_

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

for the purpose of providing and/or arranging needed services. I understand that the receiving agency will maintain the confidentiality of this information. This authorization shall remain valid until terminated in writing by the undersigned.

The above consent to release information is hereby terminated, effective \_\_\_\_\_.

*Date*

**Acknowledgment** I, \_\_\_\_\_ have had full opportunity to read  
*Name of Individual or Representative*

and consider this authorization. I understand that, by signing this form, I am authorizing the use and/or disclosure of the Protected Health Information, as described in Mountain Lake Services' *Authorization to Use or Disclose PHI*.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_