Antonio M. Bird, MD, PA
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(828) 232-1994
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AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, _____, born (date of birth _____),

- Authorize Antonio M. Bird, MD to communicate with and/or share psychiatric and medical records with the person or facility listed below; and/or
- Authorize that person or facility to communicate with and/or share such records with Dr. Bird.

This information may contain:

- All my health information, including diagnostic assessment and/or treatment of alcohol and substance abuse; documentation of psychiatric care and/or psychological assessment; information regarding human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS); and information regarding sexually transmitted diseases.
- My health information relating to the following treatment or condition:
  _____
- My health information for the date(s): _____
- Psychotherapy notes.
- Other: _____

The reason(s) for this authorization is/are:

- At my request.
- For collaboration with other heath care providers for treatment planning/implementation.
- For continuation of care.
- For insurance purposes, including reimbursement, prior authorization of services, etc.
- For legal reasons: _____
- Other (specify): _____

Name of person or facility: _____
Address: _____
_____
Telephone number: _____ Fax number: _____

This authorization will remain valid until sixty (60) days after ending treatment with this office. I acknowledge that this consent is voluntary and that I may revoke this consent in writing at any time except to the extent that action based on this consent has been taken. I may not be able to revoke this authorization if its purpose was to obtain insurance and the insurance company may have the right to my health information if they decide to contest any of my claims. Once this office discloses my health information, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it. I further acknowledge that this release covers email transmissions to and from the parties.

Patient's signature: _____ Date: _____