ClearWaters
Family Guidance & Wellness Centers
3606 North Rancho Drive, suite 142
Las Vegas, Nevada 89130
Phone: 702-778-5300 Fax: 702-788-5301

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize ***ClearWaters Family Guidance and Wellness Centers*** to release the following healthcare information of the patient named above to:

Name:_____

Address:_____

City:_____ State: _____ Zip Code: _____

This request and authorization applies to (please specify):

- ☐ Healthcare information relating to the following treatment, condition, and or dates: _____
  _____
- ☐ Diagnosis
- ☐ Dates of Service
- ☐ Verification of Treatment
- ☐ Verification of Compliance in Treatment
- ☐ Progress Report
- ☐ All Drug, Alcohol and Mental Health Treatment Information
- ☐ Other: _____
  _____

Patient and/or Parent/Guardian of patient:

Signature:_____

Print Name and Relationship to Patient:_____

Date of Authorization: _____ Date of Expiration: _____

This authorization is valid for one (1) year from the date of authorization unless otherwise indicated.

Revised June 15, 2017