MH 216
Revised 08/30/00

RECORD OF RELEASE OF INFORMATION WITHOUT CLIENT AUTHORIZATION

ATTACHMENT II
DMH POLICY #202.20

Information ☐ verbal ☐ paper copy from the record of _____
Name of Client

was released on _____ to _____
Date Name of Person

_____.
Name of Agency

The release was made under the following circumstances (check appropriate box):

☐ Client left facility without notice, and is adjudged to be a danger to himself and/or others and/or gravely disabled.

☐ Client believed to have committed or to have threatened to commit a crime on the premises of the facility or to have been a victim of a crime which is reportable under State statutes.

☐ Information needed in an emergency situation for the protection of the client's health, including HIV test information.

☐ Information needed by a health care provider for the purpose of diagnosis, treatment, or care of the client, including HIV test information.

☐ Other: _____

Specific information released: _____

Release was authorized by licensed staff: _____ _____
Name and Discipline Date

Information was released by: _____ _____
Name and Title Date

This confidential information is provided to you in accord with applicable Welfare and Institutions Code. Duplication of this information for further disclosure is prohibited without the prior written consent of the patient/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.	**Name:** **MIS #:** **Facility:** **Los Angeles County - Department of Mental Health**

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