



**Attention Mental Health, PLLC**

**Cory Alferts, D.O.**

*Psychiatry*

1499 Chain Bridge Rd, Suite 100

McLean, VA 22101

o | 703.232.1743

f | 703.552.3210

### Release of Information

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

The patient listed above hereby authorizes Cory Alferts, D.O. with Attention Mental Health, PLLC to DISCLOSE/RECEIVE individually identifiable health information of the patient above TO/FROM:

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Need by: \_\_\_\_\_  
Specify date if applicable

Purpose of disclosure (i.e., continued care, personal, etc.): \_\_\_\_\_

\_\_\_\_\_

<p>I authorize my alcohol, drug, HIV, ARC and/or AIDS information, if present, to be disclosed: _____ (Initial if you accept)</p> <p>I understand this information is protected by federal and state confidentiality laws and may not be disclosed without authorization or unless required or permitted by law.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

This information is for release of medical records and information including diagnosis, treatment, and/or examination related to mental health (psychiatry or psychology), or drug and/or alcohol abuse. In authorizing this disclosure, I understand this information will be used solely for the purpose of my continued psychiatric treatment both now and in the future. I also understand that I may revoke this authorization at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This authorization will remain valid for one calendar year unless revoked. Copies must be provided to the patient, included in the patient's record, and accompany disclosures. This form is not to be used in connection with obtaining life or health insurance.