

Larned State Hospital
Lesia Olpman, Superintendent
1301 KS Hwy 264
Larned, KS 67550



Phone: (520) 285-2131
www.kdads.ks.gov/LSH

Laura Howard, Secretary

Laura Kelly, Governor

Unit FAX # _____ Unit Telephone # _____

RE:

Attention:

The above-named individual informs us that he/she has received care at your facility in the past. We would appreciate a summary of the clinical findings to assist us in our evaluation and treatment of this patient.

Sincerely,

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, _____ hereby
(patient's name) (date of birth)

authorize _____
(Name of agency, program, or individual and title)

to disclose to _____
(Name of agency, program, or individual and title)

the following information from my records (specify extent or nature of information to be disclosed):

- | | | |
|---|---|--|
| ☐ Admission/Intake Information | ☐ Psychiatric Assessment | ☐ Substance Abuse Information |
| ☐ Psychological Evaluation(s) | ☐ Social History Information | ☐ Discharge/Termination Summary |
| ☐ Outpatient Treatment Notes | ☐ Other (specify) _____ | |

The purpose of such disclosure is _____

This consent may be revoked by me at any time except to the extent that action has been taken in reliance thereon.

This consent, unless previously revoked, will expire upon: _____
(specify date, event, or condition upon which it will expire)

Date/Time _____ Signature _____ Relation _____

Date/Time _____ Witness _____ Relation _____

This information has been disclosed to you from records whose confidentiality is protected by State and Federal law. State and Federal regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

This facsimile transmission is intended only for the use of the individual or entity to which it is addressed. If you are not the intended recipient or the employee or agent responsible for delivering the transmission to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone to make arrangements to return the transmitted documents to us via the U.S. Postal Service. Thank you.