

Behavioral Health Specialists, Inc.
10551 Barkley St. Suite 201
Overland Park, KS 66212
(913) 906-9559
(913) 906-9549 fax
www.bhsks.com

Release of Confidential Information

Name of patient _____ Date of Birth _____

By checking the item, providing the information and signing below I am directing BHS, Inc. to do the following:

_____ *Release my records or the records of my child(ren) or send a report to:*

Person/Institution _____
Address _____
Phone _____
Fax _____

Signature _____ Date _____
Printed Name _____ Relationship _____

_____ *Request my records from:*

Person/Institution _____
Address _____
Phone _____
Fax _____

Indicate below the type of information to be released:

____ Report _____ All Records
____ Verbal exchange of information only _____ Other (Please Describe)
____ Summary of treatment

This authorization may be revoked at any time. This authorization will automatically expire in 90 days. Records received may not be disclosed by the receiving party without specific written consent of the person to whom it pertains. Records may take up to seven business days to complete.

- | | | |
|--|---|---|
| <input type="checkbox"/> Allan Schmidt, Ph.D | <input type="checkbox"/> Cynthia Henderson, LSCSW | <input type="checkbox"/> Anne Schmidt, LSCSW |
| <input type="checkbox"/> Catherine Besley, LSCSW | <input type="checkbox"/> Valerie Rodriguez, LSCSW | <input type="checkbox"/> Francie Pollom, LSCSW |
| <input type="checkbox"/> Katie LeCluyse, Ph.D | <input type="checkbox"/> Ron Lybarger, Ph.D | <input type="checkbox"/> Stephanie Allegre, LSCSW |
| <input type="checkbox"/> Carolyn Pepper, Psy.D | | |

