

Patient Name: _____ MRN: _____

CONSIDERATION OF MENTAL HEALTH PROVIDER

Provider completes the following if the client is authorizing release of his/her health information subject to the provisions of the Lanterman-Petris-Short Act:

The undersigned physician, licensed psychologist, or social worker with a master's degree in social work who is in charge of the mental health care of this client hereby APPROVES DISAPPROVES the release of information and records to the party specified in this authorization.

Note restrictions to release below. If disapproved, please state reasons below.

| | | |
|-------|--------------------------------------|--------|
| _____ | _____ | _____ |
| Date | Physician/Psychologist/MSW Signature | Degree |

ACKNOWLEDGEMENT OF REVIEW OF PHI:

I, _____, have this date reviewed the medical records of the patient noted on the reverse at _____.

- This review has met all my needs and I have no further requests at this time.
- This review has NOT met all my needs. I have the following further request:

Signed: _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> San Francisco General Hospital Medical Center Health Information Services, Main Hospital, Room 2B1 1001 Potrero Avenue San Francisco, CA 94110-3518 | <input type="checkbox"/> Laguna Honda Hospital & Rehab Center Health Information Services, Room B300 375 Laguna Honda Boulevard San Francisco, CA 94116-1411 |
|--|--|

Community Health Network Health Center Addresses

- | | |
|---|--|
| <input type="checkbox"/> Castro Mission Health Center 3850 17th Street San Francisco, CA 94114-2031 | <input type="checkbox"/> Ocean Park Health Center 1351 24 th Avenue San Francisco, CA 94122-1616 |
| <input type="checkbox"/> Chinatown Public Health Center 1490 Mason Street San Francisco, CA 94133-4222 | <input type="checkbox"/> Potrero Hill Health Center 1050 Wisconsin Street San Francisco, CA 94107-3328 |
| <input type="checkbox"/> Cole Street Youth Center 555 Cole Street San Francisco, CA 94117-2800 | <input type="checkbox"/> Silver Avenue Family Health Center 1525 Silver Avenue San Francisco, CA 94134-1229 |
| <input type="checkbox"/> Larkin Street Youth Center 1138 Sutter Street San Francisco, CA 94109-5608 | <input type="checkbox"/> Southeast Health Center 2401 Keith Street San Francisco, CA 94124-3231 |
| <input type="checkbox"/> Maxine Hall Health Center 1301 Pierce Street San Francisco, CA 94115-4005 | <input type="checkbox"/> Tom Waddell Health Center 50 Ivy Street San Francisco, CA 94102-4506 |
| <input type="checkbox"/> Curry Senior Center 333 Turk Street San Francisco, CA 94102-3703 | <input type="checkbox"/> Youth Guidance Center 375 Woodside Avenue San Francisco, CA 94127-1221 |