



# COUNTY OF DELAWARE DEPARTMENT OF HUMAN SERVICES Office of Behavioral Health

20 South 69<sup>th</sup> Street  
Upper Darby, PA 19082

[www.delcohsa.org](http://www.delcohsa.org)

610-713-2365

FAX # 610-713-2378

### Council

John P. McBlain  
Chairman

Colleen P. Morrone  
Vice-Chairman

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Kevin M. Madden  
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Department of Human Services

Jonna L. DiStefano, M.A.  
BH/ID Administrator

### Consent to Release Confidential Protected Health Information

RE: \_\_\_\_\_

DOB: \_\_\_\_\_

I \_\_\_\_\_, do hereby consent to and authorize the DELAWARE COUNTY OFFICE OF BEHAVIORAL HEALTH to obtain from/release to and communicate with \_\_\_\_\_ regarding information from my records, including only those items specifically checked below: **(Client must initial each item to be released/obtained)**

- \_\_\_\_\_ Client's Diagnosis
- \_\_\_\_\_ Treatment Plan
- \_\_\_\_\_ Level of Care Evaluation
- \_\_\_\_\_ Child Serving System Involvement- (Children & Youth, Early Intervention, Intellectual & Developmental Disabilities, Education/School District, Juvenile Court & Probation)

This information is needed for the following purpose(s):

1. \_\_\_\_\_ Continuity of Care
2. \_\_\_\_\_

**Protected Health Information (PHI)** means information about your health. Federal and state laws protect the privacy of your PHI. The laws say we cannot give anyone other than your doctors or Pennsylvania Health Choices your PHI unless you say it is **OK**. By signing this paper, you give us your **OK**. We will only give out the PHI that you say we can share. And, we will only give it to the people or agencies that you list. Do you have questions? We can help. Call the Delaware County Office of Behavioral Health at: 610-713-2365.

I understand that I may revoke this consent at any time by notifying the Delaware County Office of Behavioral Health, 20 South 69th Street, Upper Darby, PA 19082, in writing, except to the extent that action has been taken in reliance on my consent.

Information may be disclosed from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

I have been offered a copy of this document and have: ( ) Accepted ( ) Refused  
**(please initial appropriate box)**

\_\_\_\_\_  
Signature of Client Date

\_\_\_\_\_  
Signature of Witness Date