



Putnam Clubhouse

Operated by The Contra Costa Clubhouses, Inc.

3024 Willow Pass Road, Suite 230, Concord, CA 94519

(925) 691-4276 [www.PutnamClubhouse.org](http://www.PutnamClubhouse.org)

## Authorization for Release of Information

I, \_\_\_\_\_, hereby give my permission for a

(Printed Member Name)

mutual exchange of information between \_\_\_\_\_ and

(Facility or other Treatment Provider)

Contra Costa Clubhouses, Inc. with the knowledge that such contact discloses the fact that mental health services are being provided.

This disclosure is requested for the proof of eligibility for services and appropriateness of services provided. The information shall be limited to diagnosis.

I agree that a photocopy or fax of this authorization is to be considered as effective as the original.

This release is valid from \_\_\_\_\_ to \_\_\_\_\_.

(Needs to be 1 year duration) (Date)

(Date)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Clubhouse Staff Name

\_\_\_\_\_  
Clubhouse Staff Position

\_\_\_\_\_  
Clubhouse Staff Signature

\_\_\_\_\_  
Date

Revised: 2/1/2016