



**Confidential Patient Information:**  
 See California Welfare and  
 Institutions Code Section 5328

**Authorization for the Verbal Release of Protected Health Information to Family,  
 Friends, or Individuals Providing Social Support**

Name of Client \_\_\_\_\_

Date of Birth \_\_\_\_\_ Mental Health # \_\_\_\_\_

I hereby authorize SAN MATEO COUNTY MENTAL HEALTH SERVICES DIVISION to **verbally** discuss the following information obtained in the course of my psychiatric and/or drug and alcohol assessment and treatment, as indicated by my initials, to designated person(s):

\_\_\_\_\_ My general status in the program                      \_\_\_\_\_ My general physical/mental health  
 \_\_\_\_\_ My medication                      \_\_\_\_\_ Treatment related information                      \_\_\_\_\_ Hospitalization  
 \_\_\_\_\_ Other: \_\_\_\_\_

The above indicated information may be **verbally discussed** with the following:

Name _____	Name _____
Phone _____	Phone _____
Relationship _____	Relationship _____

This consent is limited to the release of **verbal** information only. Release of the specified **verbal** information to any person not specified is prohibited. This authorization shall be valid until 3 years from the date this form was signed/authorized, unless consent is withdrawn in writing, or another date is specified. **Date of expiration** \_\_\_\_\_

Client/Legal Representative

**Signature/Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Client/Legal Representative

If signed by someone other than the client, legal relationship to the client is: \_\_\_\_\_.

**Witness/Clinician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*(California law prohibits recipients of your health information from disclosing such information except with your written authorization or as specifically required or permitted by law. If you have authorized the disclosure of your health information to someone who is not legally required to keep it confidential, it may be redisclosed and may no longer be protected.)* [www.smchealth.org/bhrs-documents](http://www.smchealth.org/bhrs-documents) 03-01 Attachment C – Auth Disclose PHI – English, tech edit 6/23/2020 Page 1 of 1