



HOMELESS HEALTH CARE  
LOS ANGELES

**HOMELESS HEALTH CARE LOS ANGELES  
CONSENT FOR RELEASE OF INFORMATION  
UNDER LANTERMAN-PETRIS-SHORT ACT**

I hereby authorize \_\_\_\_\_ to disclose records

**STAFF NAME/TITLE**  
**Homeless Health Care Los Angeles**  
**2330 Beverly Blvd.**  
**Los Angeles, CA 90057**

and/or information regarding \_\_\_\_\_ DOB: \_\_\_\_\_

**CLIENT NAME**

obtained in the course of treatment to: \_\_\_\_\_

**PRACTITIONER /AGENCY**

The disclosure of records authorized herein is required for the following purposes: \_\_\_\_\_

California Welfare and Institution Code Section 5328 protect these records. Disclosure shall be limited to the following information specified below:

- Diagnosis
- Discharge Summary
- Psychological/Vocational Test Results
- Other: \_\_\_\_\_

An additional consent must be obtained for any other transfer or disclosure of information. This authorization shall become effective \_\_\_\_\_ and is subject to revocation by the

DATE

undersigned at any time except to the extent that the action has already been taken. If not earlier revoked, this consent shall terminate on \_\_\_\_\_.

DATE

Termination date should not be more than 90 days from the effective date unless the treatment plan justifies on-going communication with the above named agency. Under no circumstances should the termination date exceed one year.

This authorization gives permission to have information released between the individual(s) and agency(s) listed above. I understand that this consent to release information waives any of my rights, currently or in the future, to bring any legal action against the releasing person/agency for any caused damages directly or indirectly by the release of this information.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HHCLA: 1989, REVISED 10/01