

**SAHARA BEHAVIORAL HEALTH**

SATINDERS. PUREWAL, MD LLC

6677 W. THUNDERBIRD RD. SUITE I – 164 GLENDALE, ARIZONA 85306

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**CONSENT FOR RELEASE OF MENTAL HEALTH  
AND/OR SUBSTANCE ABUSE RECORDS**

I, \_\_\_\_\_, born on \_\_\_\_\_  
(patient name) (patient birth date)

SSN \_\_\_\_\_ authorize \_\_\_\_\_ to,

disclose to: \_\_\_\_\_

the following information: \_\_\_\_\_  
(mental health records)

The purpose of this disclosure is: \_\_\_\_\_

This authorization expires on: \_\_\_\_\_; or whenever Sahara Behavioral Health  
is no longer providing me with service.

I understand that my records are protected under the Federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature of patient \_\_\_\_\_ Dated \_\_\_\_\_

Signature of witness \_\_\_\_\_ Dated \_\_\_\_\_

**ATTENTION RECIPIENT:**

**Notice Prohibiting Redislosure**

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 C.F.R Part2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patients.