The Dawn Chiang Mai Rehab and Wellness Centre

Annex I: Consent For Release of Confidential Information

This document is an incorporated Annex to the Agreement of Terms, Conditions, and Policies. All disputes arising from this document are fully subject to the conditions stated therein.

If multiple versions of this form have been completed, they are all included within the same Annex I.

I, _____, born _____ on , Passport / _____ ID No: authorize

The Dawn Chiang Mai Rehab and Wellness Centre to:

☐ Disclose to ☐ Obtain from ☐ Refuse to disclose

☐ Electronic ☐ Oral ☐ Written

Name of Person/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Number: _____

Email Address: _____

Relationship to Patient: _____

The following information:

☐ Presence in treatment
☐ Progress in treatment
☐ Treatment plans
☐ Psychological assessment
☐ Psychiatric history and assessment
☐ Results of physical exam
☐ Medical history/current status
☐ Biopsychosocial assessment
☐ Laboratory test results
☐ Employment information
☐ Legal status
☐ Family information
☐ Aftercare recommendations
☐ Discharge planning
☐ Discharge summary
☐ Other: _____

Reason for release of information:

(Under the Mental Health Code, release of mental health records must be germane to the purpose and need for disclosure.)

☐ Continuity of treatment - Patient history - Case Management services
☐ Emergency contact - General Updates
☐ Other: _____

I understand that my medical record may contain information concerning my psychiatric, psychological, drug or alcohol abuse, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions.

I understand that under the Thai Personal Data Protection Act (PDPA), I have the right to withdraw this

consent at anytime by providing written notice to The Dawn. I acknowledge that revocation will not apply to information that has already been lawfully processed or disclosed prior to the revocation. Unless revoked earlier, this consent will automatically terminate 365 days from the later of the date of signature, the completion of treatment, or upon the following event/condition: _____.

I certify that this consent to release information has been given freely and voluntarily.