



Authorization to Release Your Information

This form, when completed and signed, authorizes the therapist and/or agency to release protected information from your clinical record to the person or entity that you designate.

I authorize _____ and/or his or her administrative and clinical staff to release _____
_____. (Please describe, in specifics, the information you would like us to disclose.)

This information should only be released to: _____

Name and address of person and organization you would like us to release this information to:

Name _____
Street, City, State and ZIP _____

I am requesting my therapist to release this information for the following reasons

_____ ("at the request of the individual" is all that is required if you do not desire to state a specific purpose.)

This authorization shall remain in effect until _____ or until _____ (fill in an event that relates to the individual or the purpose of the use or disclosure).

You have the right to revoke this authorization, in writing, at any time by sending such written notification to our office address. However, your revocation will not be effective to the extent that I have already taken action in reliance on the authorization, or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my therapist generally may not require the signing of an authorization such as this to provide mental health services unless the services are specifically provided for the purpose of creating health information for a third party. I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Patient (if applicable) _____ Date _____

Parent or Guardian Signature (required for 17 and under) _____

Date _____

Witness Signature _____ Date _____

This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2, P.L. 93-282) and state law. These regulations 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 information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.