

**Alternatives in Psychological Consultation
Authorization for Release of Information**

Client Name _____

ID _____

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize Alternatives in Psychological Consultation staff to release or obtain information with the following agency or person.

Name of agency: _____

Name of contact person: _____

Address: _____

Phone: _____

Provide description of the information that you want disclosed. Your description should be as specific and detailed as possible.

I am allowing Alternatives in Psychological Consultation to release or obtain 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 _____ (fill in expiration date) 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 the Alternatives in Psychological Consultation office address. However, your revocation will not be effective to the extent that we have 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 Alternatives in Psychological Consultation generally may not condition services upon my signing an authorization unless the services are provided to me 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 HIPPA Privacy Rule.

Signature of Client

Date

Signature of Legal Guardian

Date

If the authorization is signed by a personal representative of the client, a description of such representative’s authority to act for the client must be provided.