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AUTHORIZATION TO REQUEST OR RELEASE INFORMATION

AUTHORIZATION:

I, _____, hereby authorize Beljan Psychological Services to *request* or *release*
(Client/Guardian)
information and records concerning _____ DOB:_____.
(Client)

To:

(*Individual or Entity*) _____

Address: _____

Phone/Fax: _____

INFORMATION TO BE RELEASED:

This disclosure is for the purpose of: _____

Items and information to be released are:

_____

_____

LIMITS OF RELEASE:

I wish to exclude the release of information pertaining to: (*None, if left blank*):

_____

_____

CONDITIONS OF RELEASE:

-I understand that I may refuse to sign this authorization and that my refusal will not affect my eligibility to obtain services from Beljan Psychological Services, except when I am receiving services solely for the purpose of creating information for disclosure to a third party (e.g., forensic assessment). If this exception applies, my refusal to sign an authorization will prohibit my ability to obtain services. _____ (initial)

-I understand that my signature authorizes the release of this information only between the above-named persons or agencies. This information will not be made available to others who request it secondarily and will not be re-released to any other person or agency. _____ (initial)

-I understand that I may revoke this authorization at any time by giving written notice to Beljan Psychological Services. This release is in effect for 90 days unless otherwise rescinded by client or guardian. _____ (initial)

_____ _____
Client Signature Date

_____ _____
Guardian Signature (if client is a minor) Date

_____ _____
Witness Signature Date

Any records accompanying this release are protected by federal confidentiality rules (42 C.F.R. Part 2). 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.