



**Authorization for Release of Information:**

**CONFIDENTIAL**

Regarding: \_\_\_\_\_ DOB: \_\_\_\_\_

I consent to allow 3-C Family Services to release and/or exchange information with:

Name of Persons/Agency: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone/Fax Number: \_\_\_\_\_

This information will include:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Psychiatric Records | <input type="checkbox"/> Testing          | <input type="checkbox"/> Behavioral Observations/Checklists |
| <input type="checkbox"/> Therapy Notes       | <input type="checkbox"/> Treatment Plan   | <input type="checkbox"/> Laboratory Work                    |
| <input type="checkbox"/> Discharge Summary   | <input type="checkbox"/> All of the Above |   |

Other \_\_\_\_\_

Specific Purpose: \_\_\_\_\_

This authorization shall remain in effect for one year, ending \_\_\_\_/\_\_\_\_/\_\_\_\_ .

*You have the right to revoke this authorization, in writing, at any time by sending such written notification to my 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 my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological 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 HIPAA Privacy Rule.

\_\_\_\_\_  
Signature of Patient Date

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

*This is strictly a confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.  
(rev. 09/06)*