Ochester Psychological Services, LLC

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Authorization for Release and/or Receipt of Information

This form, when completed and signed by you, authorizes Ochester Psychological Services, LLC or other parties to release protected information from your clinical record to whom you designate.

_____

Client Name (print) DOB

Authorizes Ochester Psychological Services, LLC to:

☐ disclose ☐ receive	☐ Assessment and treatment information ☐ A copy of clinical records ☐ Other (provide description of the information that you want disclosed. Your description should be as specific and detailed as possible):	☐ to ☐ from _____ (Name) _____ (Agency) _____ (address) _____ (city, state, zip) _____ (Phone/fax)

I am requesting this information be released for the following reasons: ("at the request of the individual" is all that is required if you are an Ochester Psychological Services, LLC client or their guardian and you do not desire to state a specific purpose.)

☐ At the request of the individual
☐ _____

This authorization is to remain in effect:

☐ For one year from the date indicated below.
☐ Until the following expiration date or event: _____

I understand that I will be responsible for any charges for transmittal of records. I have the right to revoke this authorization, in writing, at any time by sending such written notification to the above designee(s). However, my revocation will not be effective to the extent that the above designee(s) 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 information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of this information and no longer protected by the HIPAA Privacy Rule.

_____

Client (or *Guardian if minor) Signature Date

_____

Mailing Address

**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 also be provided.*