# GULF COAST PSYCHOLOGY

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## Authorization Form for Release of Confidential Information

This form, when completed and signed by you, authorizes the release of protected information from your clinical records to and/or from the person you designate.

I authorize my psychologist,_____and/or administrative and clinical staff

Please check all that apply: ☐ To release information to: ☐ To obtain information from:

Name:_____ [to whom the information is to be released and/or obtained]

Address:_____ City:_____State:_____Zip:_____

Phone:_____ Fax:_____

About ☐ myself ☐ my children _____(names/DOB)

Provide description of the information that you want to disclose being as specific and detailed as possible.

_____

_____

I am requesting this information for the following reason/reasons:

_____

"At the request of the individual" is all that is required if you are my patient and do not desire to state a specific purpose.

This authorization shall remain in effect until_____ (expiration date) or until _____

_____

(Fill in 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 my office address. However, your revocation will not be effective to the extent that I 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 psychologist's 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.

_____ _____

Print name Signature of Client Date

_____ _____

Print name / Signature of Parent, Guardian, or Legal Representative if client is a minor Date