Community Psychological Consultants

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REQUEST/AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

I hereby authorize:

Person or facility: _____

Address: _____

Phone: _____ Email: _____

to exchange information regarding _____, born on _____

with:
_____ Mary L. Sanders, Ph.D., HSPP _____ Daniel H. Stauber, M.A., LCSW

for the following purpose(s):

_____ Mental health/educational evaluation, treatment, or care
_____ Treatment planning
_____ Other: _____

These records concern the dates between_____and_____.
The information to be disclosed is marked by an X in the boxes below:

□ Medical history and evaluation(s)
□ Mental health evaluations
□ Developmental and/or social history
□ Educational records
□ Progress notes, and treatment or closing summary
□ Neuropsychological report
□ Other: _____

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually 1 year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have a right to refuse to sign this authorization. If you are the legal guardian or representative appointed by the court for the client, please attach a copy of this authorization to receive this protected health information.

_____	_____	_____
Signature of Client or Parent/Guardian	Printed name	Date
_____	_____	_____
Signature of Witness	Printed Name	Date