



Authorization for Release of Information

Patient Name: _____

Date of Birth: _____

I authorize _____ to disclose my mental health information to _____.

Purpose for which disclosure is to be made: _____.

Information to be discussed:

- ___ Discharge Summary ___ Consultation ___ Psychological Report ___ Letters or Reports
___ Treatment Plan ___ Social History ___ Billing Information ___ Psychological Test Data ___ Diagnosis
___ Progress Notes

I understand that the information to be disclosed will include mental health information relating to:

- ___ HIV Infection ___ Mental Health Treatment
___ Treatment for Alcohol/Drug Abuse ___ Psychological Testing

I understand that if the person(s) or entity(s) that receive this information is not a mental health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and I am no longer protected by those regulations. Therefore I release Lafayette Psychology Center, it's employees, Partners, Associates and /or my therapists from all liability arising from this discloser of my mental health information.

I understand that I may inspect or request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire one year from the date signed below. I understand that I may revoke this authorization by notifying Lafayette Psychology Center in writing, knowing that previously disclosed information will not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits.

Signature of Patient or Legal Representative

Signature of Witness

Date

Date

___ I understand by releasing this report to myself and taking a copy outside of this office, that Lafayette Psychology Center is no longer liable if any of the information if this report is released to the public. I now have full responsibility.

Signature of Patient or Legal Representative

Date