SPENCER PSYCHOLOGY

482 S. Landmark Avenue
Bloomington IN 47403
Phone: 812-333-8474
Fax: 812-961-3804

Authorization to Release Health Information

Client Name: ____________________

Address ____________________

Date of Birth ____________________

I authorize the release of healthcare information from Spencer Psychology to:

Releasing to:

Address:

Phone/Fax:

Relationship to Client:

- o Doctor
- o Family Member/Partner
- o Other ____

I authorize and consent for agents of Spencer Psychology to release and/or exchange with the organization/person designated above the following information concerning my behavioral and mental health plan and/or alcohol/drug treatment. A faxed copy of this release is to be considered the same as the original.

Information to be Released (Please check choice or write in details for “other”):

- o All mental health information
- o Other Information ____

Prohibition of Redisclosure: This release does not authorize subsequent disclosure by its recipients. If the record contains drug or alcohol information, it may be protected by the Confidentiality of Alcohol and Drug Abuse Patient Records (42CFR Part 2). The Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Purpose of Release

- o **Coordination of Care with others involved in my treatment**
- o **Legal Proceeding**
- o **Other**____

I hereby state that I have read and fully understand the above statements as they apply to me. I voluntarily authorize this release.

Signature: ____Date: ___________________

Authorization is valid for 180 days, unless otherwise instructed. I understand consent can be revoked by me at any time in writing, except to the extent that action has been taken in reliance on it by agents of Spencer Psychology.