

AMPLIFYING PERFORMANCE CONSULTING, LLC

AUTHORIZATION TO OBTAIN OR RELEASE INFORMATION

None of the information or records obtained under this authorization may be re-released to another party.

Client Name

Date of Birth

I, _____, hereby authorize

_____ and/or his or her administrative and clinical staff

to obtain or disclose (indicate) the following information:

Confirmation of participation in therapy

Psychological testing results

Summary of evaluation findings Academic Records

Behavior Rating Scales

Treatment progress

Treatment summary

Psychotherapy notes (separate release)

On-going consultation

Other _____

This information is to be released for purpose of: psychological

evaluation _____, treatment planning _____, to coordinate services _____,

other

This authorization shall remain in effect until (give date or event): (until revoked)_____,
(6 months) _____, (1 year) _____,

other_____

This information should only be released to or obtained from:

_____ Name
_____ Address

_____ Signature of Patient

_____ Signature of Parent, Legal
Guardian or Authorized Representative of Patient

_____ Date

_____ Phone _____ FAX

_____ Date

_____ Relationship to Patient/Date

_____ Witness

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 psychological 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 redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.