PSYCHOLOGICAL ASSOCIATES, LLC
1915 Professional Circle, Auburn, Alabama 36830
Ph: (334) 826-1699 Fax: (334) 826-1629

CLIENT AUTHORIZATION TO RELEASE INFORMATION

Client Name ________________________________ SSN ____________________
Dates of Service ________________________________ Birthdate ________________

I authorize my Psychological Associates, LLC, and/or its administrative and clinical staff to release / obtain the following information (check all applicable boxes):

- ☐ Release psychological treatment records
- ☐ Release psychological testing records
- ☐ Obtain medical / psychiatric treatment records
- ☐ Obtain medical / psychiatric testing records
- ☐ Obtain psychological testing / treatment records
- ☐ Obtain educational testing / assessment records
- ☐ Other ____

This information should be released to/obtained from:

Name ____
Address ____
____

I am requesting Psychological Associates, LLC, to release/obtain this information for the following reason:

____

This authorization shall remain in effect until ______________________________ (date)
or until ____ (event)

By signing below, I agree to these conditions:

- I have the right to revoke this authorization at any time by sending a written request to Psychological Associates, LLC. However, my revocation will not be effective to the extent that Psychological Associates, LLC may have already taken action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the insurance provider has a legal right to contest a claim.
- Psychological Associates, LLC 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.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

Signature of Client ________________________________ Date ____________________