APG | Auburn Psychology Group, LLC

861-D North Dean Road • Auburn, Alabama 36830
(334) 887-4343 Phone • (334) 887-5656 Fax
www.auburnpsychology.com

CLIENT AUTHORIZATION TO RELEASE INFORMATION

Client Name: _____ Date of Birth: _____
Last Date of Service: _____ Psychologist: _____

I hereby authorize Auburn Psychology Group, LLC to release/obtain the following information (Please check all applicable choices):

_____ Release psychological treatment records
_____ Release psychological testing records
_____ Obtain psychological testing/treatment records
_____ Obtain medical/psychiatric records
_____ Obtain education records
_____ Other:

This information should be released to/obtained from:
Name: _____ Phone Number: _____
Address: _____

I am requesting Auburn Psychology Group release/obtain the information for the following reason: _____

This release will remain in effect until _____
(date or event)

By signing below, I agree to the following conditions:

- I have a right to revoke this authorization at any time by sending a written request to Auburn Psychology Group. However, my revocation will not be effective to the extent that Auburn Psychology Group may have already taken action in reliance of 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.
- Auburn Psychology Group may not condition psychological services upon my signing this 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 re-disclosure by the recipient of my information and no longer protected by HIPAA Privacy Rule.

Signature of Client: _____ Date: _____