PSYCHOLOGICAL
& BEHAVIORAL
CONSULTANTS

216.831.6611
Toll-free 866.363.6611
www.psychbc.com

REQUEST AND AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

I, _____, born on _____, authorize _____
Patient Name (print) Clinician Name

___ To Release/Disclose To: **___To Obtain Information From:**

Name _____

Address _____

_____
Phone Fax

This information is for treatment planning and ongoing care.
If for other reasons, please describe:

_____

This authorization includes release of records relating to:

___ Mental Health
___ Chemical Dependency Abuse Treatment
___ HIV/AIDS
___ Diagnoses and/or treatment relating to other communicable diseases

This authorization and request to release or obtain information from my records is fully understood as to the nature of the records and information and the implications of its release, and is made voluntarily on my part. I understand that if the organization authorized to receive the information is not a health plan or healthcare provider, the released information may no longer be protected by federal privacy regulations. In addition, if this information is redisclosed by the recipient, it will also not be protected by federal privacy regulations.

I understand that my healthcare and the payment for my healthcare will not be affected by my signing this form. I further understand that I may see and copy the information described on this form if I ask for it, and that I will receive a copy of this form after I sign it. I have been informed that I may revoke this consent at any time within ninety (90) days except to the extent that action based on this consent has been taken. This consent will expire automatically after 90 days from the date on which it is signed, or upon the fulfillment of the above purposes, or on:_____

_____ _____ _____
Signature of Patient or Parent/Guardian Date Relationship to Patient

_____ _____ Identification Verified____
Signature of Witness Date **(Staff Use Only)**

24800 Highpoint Road
Beachwood, OH 44122
Fax: 216.831.2726

6800 West Snowville Road
Suite 210
Brecksville, OH 44141
Fax: 440.838.4114

25111 Country Club Blvd.
Suite 290
North Olmsted, OH 44070
Fax: 440.614.2526

4212 Chillicothe Road
Suite 100
Willoughby, OH 44094
Fax: 440.944.7330

145 West 46th Street
Ashtabula, OH 44004
Fax: 440.997.4262