Authorization for Release of Protected Information

When you sign this form, it authorizes us to release protected information from your (or your child's) record to the person(s) you designate.

I authorize The Pinnacle Center for Mental Health and Human Relations to release the following protected information from my (or my child's) record: (provide a description of the information that you want disclosed. Your description should be as specific as possible)

_____

_____

This information should only be released to: (name and address of person to whom the information is to be released)

_____

_____

I am requesting the release of this information for the following reasons: ("at the request of the individual" is all that is required if you are a client at The Pinnacle Center and you do not desire to state a specific purpose)

_____

I understand that information The Pinnacle Center has received about me (or my child) from another agency or practitioner cannot be re-disclosed and any requests for that information must be obtained directly from that other agency or practitioner.

I understand that this authorization shall automatically expire one year from today. I also understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to The Pinnacle Center. However, my revocation will not be effective if The Pinnacle Center has already taken action in reliance on this 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 The Pinnacle Center generally may not condition services upon my signing an authorization unless the services are provided to me for the purpose of creating 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 my information and no longer protected by the HIPAA Privacy Rule.

_____
Printed Name of Client

_____   _____
Signature (if the client is less than 18 years old, the parent/guardian must sign)   Date