Heidi S. Lack, Ph.D., A.T.R.-BC

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Authorization Form

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate verbally or in writing.

I authorize my psychologist/art therapist, Heidi Lack, Ph.D., A.T.R.-BC and/or her administrative and clinical staff to release the following: ie.Evaluation/Progress

_____

This information should only be released to: (name, address, TEL.#, and FAX of persons to whom the information is to be released)

1)_____

2)_____

3)_____

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 my client and you do not desire to state a specific purpose.)ie, planning, collaboration, treatment

_____

This authorization shall remain in effect until (date) ___/ _____ or until (fill in an event that relates to the individual or the purpose of the use or disclosure):

_____

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address or email. 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.

_____ _____

Signature of Client or Guardian if under 18 Date

If the authorization is signed by a personal representative of the client a description of such representative's authority to act for the client must be provided. _____