Ray Hand, Ph.D.
PSYCHOLOGIST

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Authorization for Exchange of Information

When you complete and sign this form you authorize me to release to, or acquire from another provider, protected information from your clinical record.

I, _____, authorize Ray Hand, Ph.D. to:

RELEASE TO_____ or

ACQUIRE FROM_____

_____
(Provide name, address and phone number)

The following information:
_____

I am requesting that you release 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.)*

_____

This authorization shall remain in effect until _____ (*date*), or until _____

_____ (*event that relates to the individual or the purpose of the use or disclosure*).

Important Note:

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address unless I have already taken some action that relied on it; if there are obligations imposed on me by your health insurer in order to process or substantiate claims made under your policy; or if you have not satisfied any financial obligations you have incurred.

I understand that Ray Hand, Ph.D. 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 re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule. ***In accordance with 63 O.S. 1-502.2B, The information authorized for release may include records which may indicate the presence of a communicable or non-communicable disease.***

_____ _____
Signature of Client or Guardian 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. (List above, if applicable.)