

Samaritan Counseling Center of Albuquerque, Inc.

Authorization for Release or Request of Information

This form, when completed and signed by you, authorizes me to release or acquire protected information concerning your clinical records from or to the person you designate.

I authorize _____ to release _____
Therapist's name at Samaritan Counseling Center

To: _____
Name, address phone number of individual or Facility/Organization to whom the information is to be released

I authorize _____
Name, address & phone number of individual or Facility/Organization

to release _____

To: _____
Therapist's Name at Samaritan Counseling Center

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

Dates of Service _____ to _____

This authorization shall remain in effect for _____ days.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to the office address. 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 therapist generally may not condition services upon my signing an authorization unless the 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.

Client's Name

Date of Birth

Signature

Date

Witness

Date

Parent or Guardian's signature if client is under 18

Date

PROHIBITION OF REDISCLOSURE: Federal regulations (42 CFR Part 2) and State laws (NMSA 1978 43-1-19, 32A-6A-24, 24-2B-7, and 24-1-9.5) prohibit further disclosure of mental health or alcohol and/or drug abuse treatment information, and the results of tests for HIV/AIDS and other sexually transmitted diseases to any person or agency without securing proper written authorization for that purpose, or as otherwise permitted by Federal regulations or State laws.
Updated 7/23/08 jm