AUTHORIZATION TO OBTAIN PROTECTED HEALTH INFORMATION

This form, when completed and signed by you, authorizes the Clinical Psychology Center ("CPC") to obtain protected health information from your clinical record which is controlled by another professional or organization.

I, _____, authorize:
(Print first and last names)

_____

_____

_____

(name, address, and phone/fax of professional/organization from which information is to be obtained)

to release the following information:

_____

_____

(Please describe the information you wish to have released to the CPC as specifically and in as much detail as possible)

to: Clinical Psychology Center
University of Pittsburgh
3820 Sennott Square, 210 S. Bouquet St.
Pittsburgh, PA 15260 Tel: 412-624-8822

I am requesting that this information be released to the CPC for the following reasons:

_____

_____

(If you are a client of the other professional/organization, it is sufficient to state, "To support continuity of treatment" or "To support needed services")

This authorization is to remain in effect until:

_____

(*Indicate expiration date or event which terminates authorization)*

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification of the same to the office address of the other professional or organization. However, I understand that my revocation will not be effective to the extent that the other professional or organization has 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 information used or disclosed pursuant to the authorization is not subject to redisclosure by the CPC unless the professional or organization disclosing the information is no longer available to do so.

_____ _____
Client signature Date

_____ _____
Witness Date

If this 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.