



8340 Meadow Road, Suite 134 Dallas, Texas 75231
Phone (972) 490-5757 • Fax (214) 378-7009

**AUTHORIZATION FOR USE OR RELEASE
OF PROTECTED HEALTH INFORMATION**

Completed forms should be submitted to the Custodian of Records at the address shown above. Information cannot be disclosed as requested unless all parts of the form are completed and signed by the appropriate parties. You are not required to sign an Authorization in order to receive treatment. Disclosure will be made to any party with your written authorization and specific instruction.

PART I IDENTIFICATION OF CLIENT(S)

Name of Client(s) (include Minor's Name, if applicable):

PART II IDENTIFICATION OF PERSON(S) OR CLASS(ES) OF PERSONS AUTHORIZED TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION DESCRIBED IN PART III

Child Neuropsychology & Counseling Center, P.C. is authorized to disclose the information described below in Part III to the following individuals hereby authorized to receive such information (please state name and address):

Doctors _____

Counselors/Therapists _____

School Personnel _____

Family Members _____

Other: _____

PART III DESCRIPTION OF PROTECTED HEALTH INFORMATION TO BE USED OR DISCLOSED

The following information related to the care and treatment I have received at Child Neuropsychology & Counseling Center, P.C., (please be as specific as possible):

PART IV PURPOSE FOR WHICH INFORMATION IS REQUESTED TO BE USED OR DISCLOSED

The purpose for which the individual named in Part II may have access to the information specified in Part III is as follows (please mark all that apply):

- Academic Planning Treatment Planning

Exchange of Information:

PART V EXPIRATION OF AUTHORIZATION

Unless otherwise revoked in accordance with Part VI, this Authorization expires one year from the date signed.

PART VI REVOCATION OF AUTHORIZATION, SUBSEQUENT DISCLOSURE AND RELEASE

I understand and acknowledge that I may revoke this Authorization at any time by providing written notice of revocation to the Custodian of Records at the address below; provided, however, that this Authorization may not be revoked to the extent to which it has been relied upon by Child Neuropsychology & Counseling Center, P.C. Any revocation must be in writing, dated and signed by the individual granting this Authorization.

In addition, I acknowledge that the person(s) authorized to receive the information as identified in Part II must maintain the confidentiality of such information in accordance with the provisions of Chapter 611 of the Texas Health & Safety Code and that such person may further use or disclose the Protected Health Information described in Part III without any additional Authorization provided such use is consistent with the purpose for which it is disclosed as described in Part IV. I further acknowledge that such Protected Health Information may no longer otherwise be subject to the restrictions on Use and Disclosure applicable under the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and E, as may be amended from time to time (the "Privacy Standards").

I hereby release Child Neuropsychology & Counseling Center, P.C. from any civil or criminal liability or responsibility pursuant to Chapter 611 of the Texas Health & Safety Code and/or other applicable statutes and regulations as a result of having released the requested information pursuant to this Authorization.

PART VI SIGNATURES

Signature of Client (or Guardian of Minor, if applicable)

Date

Signature of Personal Representative (if applicable)

Date

If this Authorization is signed by a personal representative of the individual, such personal representative's authority to sign on behalf of the individual is as follows:

Signature of Witness

Date

Witness' Address

Completed forms should be sent to:

Custodian of Records
Child Neuropsychology & Counseling Center, P.C.
8340 Meadow Road, Suite 134
Dallas, Texas 75231

If you have questions, please contact the Custodian of Records:

Phone: (972) 490-5757
Fax: (214) 378-7009