



**AUTHORIZATION OF RELEASE OF INFORMATION**

This form authorizes the release of protected health information for:

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Records to be released are (check one):**

- \_\_\_\_\_ My own
- \_\_\_\_\_ My child's

**Information to be released and/or requested:**

- \_\_\_\_\_ Summary
- \_\_\_\_\_ Full clinical record
- \_\_\_\_\_ Assessment report
- \_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Reason for Request:**

- \_\_\_\_\_ Treatment
- \_\_\_\_\_ Assessment
- \_\_\_\_\_ At the request of the individual
- \_\_\_\_\_ Other, please specify: \_\_\_\_\_

**Check one for one-way release/request, check both for exchange of information**

_____ (PSC releases information to)	Name of individual or agency: _____		
	Address: _____		
	City: _____	State: _____	Zip: _____
	Phone: _____	Fax: _____	
	Email: _____		
_____ (Information is sent to PSC)	Psychological Services Center <b>Attn:</b> _____ G-382 Kinard Hall University, MS 38677-1848 Fax: 662-915-1396		

This authorization shall be limited to health information pertaining services I receive at the PSC. I understand that I may revoke this authorization at any time, but I must do so in writing and send my revocation to the clinic manager at the address for the PSC listed below. The revocation will not be effective to the extent that the information has already been disclosed. I understand that this authorization will expire in 180 days from the date below. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by applicable federal or state privacy rules. I understand that my authorizing the disclosure/obtaining of this health information is voluntary. I understand that I do not need to sign this form in order to receive services at the PSC.

▶ **Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**PSC Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PSC use only	
PHI <b>request</b> sent on Date: _____	Initials: _____
PHI <b>released</b> from PSC on Date: _____	Initials: _____