

REQUEST/AUTHORIZATION TO RELEASE CONFIDENTIAL RECORDS AND INFORMATION

FROM:

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A. IDENTIFYING INFORMATION ABOUT MY CHILD:

NAME: _____

BIRTH DATE: _____

PARENT/GUARDIAN NAME: _____

B. I HEREBY AUTHORIZE THE SOURCES NAMED BELOW TO SEND, AS PROMPTLY AS POSSIBLE, THE RECORDS BELOW (CHECK ALL THAT APPLY]

_____ **MEDICAL RECORDS**

_____ **PSYCHIATRIC RECORDS**

----- **I AUTHORIZE THE SOURCES NAMED ABOVE AND THE PSYCHOLOGIST IDENTIFIED ABOVE TO COMMUNICATE BY TELEPHONE AND/OR FAX AND/OR EMAIL (WITH MEASURES TAKEN TO PROTECT CONFIDENTIALITY IF THE INTERNET IS USED), ABOUT THE REASONS FOR MY/THE PATIENT'S REFERRAL, ANY RELEVANT HISTORY OR DIAGNOSES, AND OTHER SIMILAR INFORMATION THAT CAN ASSIST WITH MY/THE PATIENT'S RECEIVING TREATMENT OR BEING EVALUATED OR REFERRED ELSEWHERE.**

TO:

NAME	ADDRESS	PHONE NUMBER
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

5) _____

6) _____

C. I UNDERSTAND THAT NO SERVICES WILL BE DENIED ME/THE PATIENT SOLELY BECAUSE I REFUSE TO CONSENT TO THIS RELEASE OF INFORMATION, AND THAT I AM NOT IN ANY WAY OBLIGATED TO RELEASE THESE RECORDS. I DO RELEASE THEM BECAUSE I BELIEVE THAT THEY ARE NECESSARY TO ASSIST IN THE DEVELOPMENT OF THE BEST POSSIBLE TREATMENT PLAN FOR ME/THE PATIENT. THE INFORMATION DISCLOSED MAY BE USED IN CONNECTION WITH MY/THE PATIENT'S TREATMENT.

D. THIS REQUEST/AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION IS BEING MADE IN COMPLIANCE WITH THE TERMS OF THE PRIVACY ACT OF 1974 (PUBLIC LAW 93-579) AND THE FREEDOM OF INFORMATION ACT OF 1974 (PUBLIC LAW 93-502); AND PURSUANT TO FEDERAL RULE OF EVIDENCE 1158 (INSPECTION AND COPYING OF RECORDS UPON PATIENT'S WRITTEN AUTHORIZATION). THIS FORM IS TO SERVE AS BOTH A GENERAL AUTHORIZATION, AND A SPECIAL AUTHORIZATION TO RELEASE INFORMATION UNDER THE DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972 (PUBLIC LAW 92-255), THE COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT AND REHABILITATION ACT AMENDMENTS OF 1974 (PUBLIC LAW 93-282), THE VETERANS OMNIBUS HEALTH CARE ACT OF 1976 (PUBLIC LAW 94-581), AND THE VETERANS BENEFIT AND SERVICES ACT OF 1988 (PUBLIC LAW 100-322). IT IS ALSO IN COMPLIANCE WITH 42 C.F.R. PART 2 (PUBLIC LAW 93-282), WHICH PROHIBITS FURTHER DISCLOSURE WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

E. IN CONSIDERATION OF THIS CONSENT, I HEREBY RELEASE THE SOURCE OF THE RECORDS FROM ANY AND ALL LIABILITY ARISING THEREFROM.

F. THIS REQUEST/AUTHORIZATION IS VALID DURING THE PENDENCY OF ANY CLAIM OR DEMAND MADE BY OR IN BEHALF OF ME/THE PATIENT, AND ARISING OUT OF AN ACCIDENT, INJURY, OR OCCURRENCE TO ME/THE PATIENT. I UNDERSTAND THAT I MAY VOID THIS REQUEST/AUTHORIZATION, EXCEPT FOR ACTION ALREADY TAKEN, AT ANY TIME BY MEANS OF A WRITTEN LETTER REVOKING THE AUTHORIZATION AND TRANSFER OF INFORMATION, BUT THAT THIS REVOCATION IS NOT RETROACTIVE. IF I DO NOT VOID THIS REQUEST/AUTHORIZATION, IT WILL AUTOMATICALLY EXPIRE ONE YEAR FROM THE DATE I SIGNED IT.

G. I AGREE THAT A PHOTOCOPY OF THIS FORM IS ACCEPTABLE, BUT IT MUST BE INDIVIDUALLY SIGNED BY ME, THE RELEASER, AND A WITNESS IF NECESSARY.

H. I AFFIRM THAT EVERYTHING IN THIS FORM THAT WAS NOT CLEAR TO ME HAS BEEN EXPLAINED. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS FORM UPON MY REQUEST.

I. SIGNATURE

SIGNATURE OF PARENT/
GUARDIAN/REPRESENTATIVE

PRINTED NAME

RELATIONSHIP

DATE

