

MARK W. COHEN, PH.D.
48 EAST HOLLISTER
CINCINNATI, OHIO 45219

PHONE (513) 651-5605

Authorization to Release Information

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

I authorize my psychologist, Mark W. Cohen, Ph.D., and/or his administrative and clinical staff, to release and/or exchange information regarding my *(check all that apply)*:

- Psychosocial history
- Assessment and diagnosis
- Treatment plans
- Treatment summary
- Other information *(specify)*: _____

This information should only be released to: _____
Name

Street address

City, State, Zip/Postal code

I am requesting my psychologist to release this information for the following reason *(check one)*:

- At my request *(all that is required if you are my patient and do not desire to state a specific purpose)*
- Other *(specify purpose)*: _____

This authorization shall remain in effect until _____
(expiration date or event that relates to the patient or use of the released information)

You have the right to revoke this authorization at any time by sending such written notification to this office at the above address. However, your revocation will not be effective:

1. To the extent that I have taken action in reliance on the authorization,
2. If this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

If you are providing this authorization as a representative of the patient, describe your authority to act for the patient: _____

I understand that:

1. My psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party,
2. Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of patient/representative

Date