



## AUTHORIZATION FOR RELEASE OF INFORMATION

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ (Client or legal guardian), hereby authorize  
Keystone Behavioral Pediatrics to  send and/or  receive information (as noted below)  to and/or  from

Name of Person or Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Academic Testing Results

Psychological Testing Results

Behavior Programs

Service Plans

Progress Notes

Summary Reports

Intelligence Testing Results

Vocational Testing Results

Medical Records

School Records

Personality Profiles

Entire Record (\*except psychotherapy notes)

Psychological Reports

\*Psychotherapy notes have increased protection under HIPPA, a separate authorization is required

The above information will be used for the following purposes:

Planning appropriate treatment or program

Continuing appropriate treatment or program

Determining eligibility for benefits or program

Case review

Updating files

I understand that this information may be protected by title 42 (Code of Federal Rules of Privacy or Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality or Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules.

I understand that this authorization is voluntary, and I may revoke the consent at any time by providing written notice, and after 1 year this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have a right to receive a copy of this authorization. I understand that I have the right to refuse to sign this authorization.

Patient Signature (if over 18 years or emancipated): \_\_\_\_\_ Date: \_\_\_\_\_

### For Minors:

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_