

Barney Greenspan, Ph.D.
1500 East Heritage Park Street – Suite 125
Meridian, ID 83646
208 884 1205 208 884 1246 Fax

Release/Exchange of Information

Client Name: _____ Birth Date: _____
This is to authorize the release/exchange of information regarding the above-stated client between the following parties. This release/exchange is for the purpose of _____.

To/From: _____ and To/From: _____
Address: _____
Phone: _____
Fax: _____

Barney Greenspan, Ph.D.

Records or information to be sent from your current file or received from the party indicated:
____ Psychological Evaluation _____ Neuropsychological Evaluation
____ Therapy Notes _____ ALL AVAILABLE RECORDS
____ Drug/Alcohol Related Notes* _____ Verbal Communication

I understand that my records may contain information regarding mental illness, psychiatric treatment, drug or alcohol abuse, and/or sexually transmitted diseases, including HIV (AIDS) information. I give my specific authorization for these records to be released. Client initials _____.

This authorization shall remain in effect until (date) _____ or until (fill in an event that relates to the individual or the purpose of the use or disclosure) _____.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization, or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may not be subject to redisclosure by the recipient of your information and is still protected by the HIPPA privacy rule.

The undersigned hereby consents to the release of the above-stated information.;

Client signature: _____ Date: _____

If signed by other than client, indicate relationship to client _____

Witness: _____ Date: _____

*Federal regulations, 42 C.F.R.2.1. (1996) prohibit the release of "alcohol or substance abuse information" without the consent of the client. Notice to recipient: PROHIBITION OF REDISCLOSURE – This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR) prohibit you from making any further disclosure of it without the specific written consent of the person to who it pertains, or as otherwise permitted by such regulations.