BEHAVIOR THERAPY CENTER
OF GREATER WASHINGTON

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. A different form must be completed for each person you are designating.

I, _____*(print name)*, DOB_____, authorize administrative and/or clinical staff at BTC to release:

- ☐ Billing Information
- ☐ Intake Evaluation
- ☐ Progress Notes
- ☐ Treatment Plans
- ☐ Discharge Summary
- ☐ Other (Please Specify:_____)

Please specify any limitations for this release or any information you do ***NOT*** authorize me to release:

_____

_____

This information should only be released to: Name_____

Address_____

Telephone_____ City, State, ZIP_____

I am requesting my therapist to release this information for the following reasons:

_____

☐ At the request of the individual *(All that is required if you are my patient and you do not desire to state a specific purpose.)*

I understand that my therapist cannot re-disclose information received from another health care provider unless that other provider permits it.

This authorization shall remain in effect until _____
(expiration date may not exceed one year from signing)

or until _____
(fill in an event that relates to the individual or the purpose of disclosure-again not to exceed one-year)

You have the right to revoke this authorization in writing at any time by sending such written notification to BTC. However, your revocation cannot be retroactive, and the revocation will not be effective 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 be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

_____ _____
Signature* Date

_____
Relationship to Client

_____ _____
Print Client's Name Client's DOB

*If parents are ***separated*** or ***divorced*** and have ***joint custody*** of the client, then both parents' signatures are *required*.
Only one parent's signature is required if parents are married to each other.

_____ _____
Additional Parent Signature Date

_____ _____
Print Name

Relationship to Client

Revised: 2/22/17