

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I authorize **Craig Kain, Ph.D.** Licensed Psychologist (Psy14664) to release the information or records specified to the below named entity.

Entity to whom information is released: <small>(name and address)</small> 	Patient: SS#: DOB:
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RECORDS AUTHORIZED TO BE RELEASED:

<input type="checkbox"/> Record of office visits. <input type="checkbox"/> Mental health records <input type="checkbox"/> Verbal consultation <input type="checkbox"/> Other (specify): _____ Extent or nature of records to be released: _____ <small>(example, specific hospitalization or visit)</small>	Note: HIPAA specifically states that psychotherapy notes may not be released unless the patient has signed a separate release specifying that such notes may be released. 45 CFR §164.508(b)(3)(ii).
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This information will be used for the purpose of :

<input type="checkbox"/> Coordination of treatment with psychiatrist. <input type="checkbox"/> Coordination of treatment with medical provider. <input type="checkbox"/> Other activities at the request of the individual	<input type="checkbox"/> Verifying eligibility for services.
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This authorization will expire one year from the date of the signature below. I understand that I can revoke this authorization at any time by writing to Craig Kain, Ph.D., but that revoking this authorization will not affect disclosures made or actions taken before the revocation is received.

I also understand that:

- I am not required to sign this authorization and that my health care or payment for care will not be affected by my refusal.
- Federal privacy regulations will no longer apply to the information disclosed, and that Craig Kain, Ph.D. may redisclose the information
- I am entitled to receive a copy of this authorization.
- A copy of this authorization may be utilized with the same effectiveness as an original.

 Patient or Representative Date

 Name of Representative (print)

 Relationship to Patient

California Government Code Section 16.5 (California Digital Signature Regulations) states that in written communication in which a signature is required or used any party to the communication may affix a signature by use of a digital signature. Your electronic signature has the same weight as a wet ink signature on paper.

Explanation of HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires an Authorization to Release Medical Information in order for health care providers to release medical information or records. New requirements for authorizations became effective April 16, 2003. This requirement also extends to organizations related to health care providers, such as insurance companies and other organizations closely associated with health care providers, and their contractors. It is necessary to use this form when requesting information from health care providers because this law requires specific information to be provided on an authorization. This form should not be used to request records not covered by HIPAA (records obtained from a source other than a health care provider).

Medical providers are mandated to protect information and to require the use of forms that comply with the law. This form complies with the requirements of HIPAA and should be accepted by all medical providers.