

Auburn University

Auburn University, Alabama 36849-5234

Psychological Services
1122 Holey Center

Telephone: (334) 844-4889

Auburn University Psychological Services Center (AUPSC) Authorization Form to Obtain/Release Information

This form, when completed and signed by you, authorizes AUPSC to obtain/release protected information for your clinical record from/to the person(s) you designate.

I authorize my therapist, _____, and/or his or her administrative and clinical staff (Cross out if not applicable.) to obtain/release:

(Describe the information that you want disclosed. Your description should be as specific and detailed as possible.)

This information should only be obtained from and/or released to:

(Provide the name and address of the person(s) from/to whom the information is to be obtained/released.)

I am requesting my psychologist to obtain/release this information for the following reasons:

("A" the request of the individual" is all that is required if you do not wish to state a specific purpose.)

This authorization shall remain in effect until:

(Provide an event or expiration date 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 AUPSC. However, your revocation will not be effective to the extent that AUPSC has 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 my therapist 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.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

Signature of Patient or Authorized Agent of Patient:

Date

Relationship of Above to Patient (e.g., "self," "parent," "legal guardian")