Steven M. Blankman, Ph.D.
Clinical Psychologist
License No. PSY 6963

21 11th Street
Arcata, California 95521
Telephone: (707) 826-1207

AUTHORIZATION FORM

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize my psychologist, Steven M. Blankman, Ph.D., to release the following: *(Provide description of the information that you want disclosed. Your description should be as specific and detailed as possible.)*

_____

_____

This information should only be released to: *(Provide name or function and address/phone/ fax of person(s) to whom the information is to be released.)*

_____

_____

_____

I am requesting my psychologist to release this information for the following reasons, and subject to the following limitations:

_____

This authorization shall remain in effect until _____.

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification of that revocation or modification to my psychologist's office address. However, my revocation or modification will not be effective until my psychologist receives it.

I understand that my psychologist generally may not condition psychological services upon my signing an authorization that would allow a disclosure of Protected Health Information (PHI) that is not permitted as described in Sections I through III of the Notice form provided by my psychologist, or a disclosure that is otherwise not permitted by law. I understand that even if the authorization would not involve impermissible disclosures, my psychologist may not condition treatment 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 this authorization may be subject to redisclosure by the recipient of my information and may no longer be protected by the HIPAA Privacy Rule.

_____ _____

Signature of client or client's representative Date

_____ *(Print client's name or state relationship of representative to client.)*