WRIGHT STATE UNIVERSITY

The Ellis Human Development Institute
School of Professional Psychology
9 N. Edwin C. Moses Blvd
Dayton, OH 45402
Phone: 937-775-4300
Fax: 937-775-4311

Authorization for Release of Protected Health Information

Client Name: _____ Client #: _____ Birth Date: _____

Social Security #: _____ Name of Provider: _____

I hereby grant my permission for release, review, and exchange of the following information relating to my care between the parties named here. This release is intended to cover all services provided by the Ellis Human Development Institute.

I am aware that once this information is released to another party, it may no longer be protected. I understand that I may further limit the type of exchange between the listed parties. List limitations, if any: _____

Ellis Human Development Institute	AND	
9 N. Edwin C. Moses Blvd.		
Dayton, OH 45402		
Phone: (937) 775-4300 FAX: (937) 775-4311		

Purpose of this request: [check all that may apply during the timeframe of this release]
❑ Continuity of Care/Treatment ❑ Legal ❑ Insurance Claim ❑ Patient Request ❑Other, specify:_____

Ways information may be shared: [check all that may apply during timeframe of this release]
❑ Mail ❑ Fax ❑Phone ❑ In Person ❑Picked Up

The following information pertaining to the patient named above:
Dates of Treatment: _____

I specify that this release/exchange is to include (choose all that apply):

	Drug/Alcohol Abuse Assessment		Medications Prescribed		Final Discharge
	Mental Health Assessment		Pathology / Laboratory Reports		Discharge Summary
	Psychological Assessment		Operative Reports		Physical Exam
	Drug/Alcohol Treatment		Emergency Room Treatment		Consultation
	Mental Health Treatment		Physical Orders		
	Other Specified → → →				

- I understand that this information may include information relating to Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) infection, treatment for drug or alcohol abuse, or mental or behavioral health or psychiatric care.
- I understand that if my protected health information is disclosed to someone who is not required to comply with the federal privacy regulations, then such information may be re-disclosed and would no longer be protected.
- I understand that I have the right to revoke this authorization at any time. My revocation must be in writing in a letter to Ellis Human Development Institute at the address listed on this authorization form. I am aware that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.
- Unless otherwise revoked, I understand that this authorization will expire one hundred and eighty (180) days from the date of this form or on the following date or event: _____.
- I understand that I may refuse to sign this authorization and that Ellis Human Development Institute may not condition treatment on the completion of this authorization except as indicated in HIPPA Regulations at 45 CFR §164-508(b)(4).
- I certify that I have read and received a copy of the authorization. This authorization supersedes any and all previous authorizations.

A copy or facsimile of this document will be considered as an original

_____ _____ _____ _____
Signature Date Witness Date

I hereby consent to the above for a minor or person unable to assume personal responsibility.

_____ _____ _____
Signature Date Relationship to Client

FOR OFFICE USE ONLY	
Date signed by client/guardian	
Authorization Expiration Date (180 days)	
If REVOKED, Date of Revocation	

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Rev. 8/24/17