Cleveland Clinic

AUTHORIZATION FOR THE RELEASE OF PSYCHOTHERAPY NOTES

Health Data Services, Ab-7
9500 Euclid Avenue
Cleveland, OH 44195

216/444-2640
800/223-2273 ext. 42640
Fax: 216/445-7589

Name:_____ SS#:_____

Clinic #:_____ Date of Birth: _____ / _____ / _____

Telephone #:_____ Current Address:_____

City:_____ State: _____ Zip: _____

I hereby authorize The Cleveland Clinic Foundation to release the information contained in my **Psychotherapy Notes** to the Recipient named above. **Psychotherapy Notes** are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical record.

Name of Recipient: _____ Telephone: _____
(please print)

Street: _____

City: _____ State: _____ ZIP:_____

Reason for Dislosure: _____
(Reason for disclosure must be completed prior to processing)

Past Dates of Psychotherapy Treatment: _____

This consent is subject to revocation at any time except to the extent the action has been taken thereon. **This authorization and consent will expire in one year from the date of authorization written below.**

I understand that the Recipient of my health information may be charged for the service of releasing medical information.

Your health care (or payment for care) will not be affected by whether or not you sign this authorization. Once your health care information is released, redisclosure of your health care information by the Recipient may no longer be protected by law.

_____ / _____ _____ / _____ / _____
*Signature of Patient/Patient's Personal Representative*** *Printed Name* *Date Signed*

_____
Relationship if not Patient

***If other than the patient's signature, a copy of legal paperwork verifying the patient's personal representative **MUST** accompany the request (i.e. court appointed guardian, durable power of attorney for health care). For a deceased patient: A death certificate coupled with executor or administrator of estate paperwork must accompany authorization. Exception: parent signing for patient under the age of 18.*