Authorization Form
For Reciprocal Release of Protected Health Information

By signing this form, I, _____

Street: _____

City: _____ State: _____ Zip: _____

authorize the use and disclosure of the protected health information described below, subject to the additional precautions under federal and state laws as applied to disclosure of Mental Health Records.

Patient Name: _____

The Health information you may release subject to this authorization is as follows:

_____

_____

I authorize reciprocal release of my protected health information to the following:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

AND:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

The reasons or purpose for this release of information are as follows:

_____

_____

_____

This authorization shall be in force and effective until the following event and/or date:

_____

I understand that I have the right to revoke this authorization, in writing, at any time by sending a written notification to the following person at the practice:

Trudy Marsh, Practice Manager
Heritage Behavioral Health Consultants
1325 Campbell Road
Houston, TX 77055
Phone: 713-365-9015
Fax: 713-365-0632

I understand that a revocation is not effective to the extent that the practice has relied on this authorization in its actions. Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage, as other law provides the insurer with the right to contest a claim under the policy or the policy itself.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal HIPAA privacy regulations.

The practice will not condition my treatment, payment, and enrollment in a health plan or eligibility for benefits on whether I provide authorization for the requested use of disclosure.

_____
Signature of Patient or Personal Representative

_____
Date

_____
Name of Patient or Personal Representative

_____
Description of Personal Representative's Authority