Spectrum Psychology and Wellness, LLC
Boston Professional Village
1772 E. Boston Street Ste 105 | Gilbert, AZ 85295-6242
o: 480.621.7257 | f: 480.584.5825 | http://www.SpectrumWellnessAZ.com

If you would like us to request records from another care provider, complete this form to authorize release of your information:

AUTHORIZATION FOR RELEASE OF INFORMATION

Based on the federal HIPAA privacy rule, we must obtain an authorization from you in order to use or disclose protected health information (i.e., information regarding your health care or treatment that specifically identifies you) for purposes other than normal health care operations, such as to disclose information to your agent or to any other telephone caller on your behalf for the purpose of verifying eligibility for coverage, checking claims status, or solving claims processing problems. We must also obtain an authorization from you in order to use or disclose psychotherapy notes, and, although not required, an authorization may also be requested from a provider prior to the release of medical records. Please fill in any blank areas below, and return the form to the address shown at the bottom of this page.

I. The Protected Health Information being requested for use or to be disclosed is as follows:

I hereby authorize ☐ from: (Sending Agency) OR ☐ To release to: (Requesting Agency)

Name:		Agency:	
Address:		Phone:	
		Fax:	

I hereby authorize ☐ from: (Sending Agency) OR ☐ To release to: (Requesting Agency)

Treating Doctor:	☐ **Rebbeca Lahann, Psy.D.** ☐ **Rachel Loftis, Ph.D.** ☐ **Leslie O'Neill, Ph.D.** ☐ **Monika Peterson, Ph.D.**	Agency:	**Spectrum Psychology and Wellness, LLC**
Address:	**1772 E. Boston Street Ste 105**	Phone:	**(480) 621-7257**
	Gilbert, AZ 85295-6242	Fax:	**(480) 584-5825**

The following: **Copies of all records to include**:

☐	Psychological Evaluations	☐	Developmental History
☐	Medical Evaluations/Summaries	☐	Current Medication List
☐	Psychiatric Evaluations/Summaries	☐	Progress Reports
☐	Speech and Language Evaluations	☐	Consultant's Reports
☐	Audiological Evaluations	☐	Individual Education Plans (IEPs) / 504 Plans
☐	Vision / Ophthalmology Evaluations	☐	Vocational Assessment Reports and IVEPs
☐	Occupational Therapy Evaluations	☐	Coordination of Care
☐	Physical Therapy Evaluations	☐	Other:

Regarding: _____ **Date of Birth:** _____

Specific reason that the Protected Health Information is needed: for developing and implementing an appropriate treatment plan, and to ensure continuity of care between current treatment providers.

II. Important Information About Your Rights

The following statements describe your rights in regard to this authorization:

- You may revoke this authorization at any time prior to its expiration date by providing written notice; however, the revocation will not have any affect on any actions that were taken before the revocation was received.
- You may access and copy the protected health information described in this authorization.
- This authorization is voluntary; you are not required to sign this form in order to receive health care benefits for enrollment, treatment or payment.

III. Signature of Patient

(This form must be signed by the patient; however, a parent may sign if the patient is a dependent child under the age of 18).

I hereby authorize the use or disclosure of my protected health information as described in this form.

_____ _____

Signature of Patient (or parent) **Date**

This authorization is valid for one year, unless otherwise rescinded by the patient. This authorization expires on: _____
Date

For Patient Records Applicable Under Federal Law 42 CFR Part 2

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42) CFR Part 2 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.