Dana A. Max, Psy.D.
Licensed Clinical Psychologist (303) 347-8498 (office)

5860 South Curtice Street (303) 347-2011 (facsimile)
Littleton, Colorado 80120

Authorization Form

This form, when completed and signed by a client, authorizes Dr. Max to release protected information from the client's clinical record to the person designated.

I, _____ (print name), authorize Dana A. Max, Psy.D. to release or obtain the following information (describe the information you want shared; be as specific & detailed as possible):
_____
_____
_____

This information should only be released to or obtained from (name, address and phone number of the person to whom the information is to be shared):
_____
_____
_____

I am requesting Dr. Max release or obtain this information for the following reasons: ("at the request of the individual" is all that is required if you do not desire to state a specific purpose.)
_____
_____

This authorization shall remain in effect until six months of the date signed below or until (fill in an event that relates to the individual or the purpose of the use or disclosure):
_____

I understand I have the right to revoke this authorization, in writing, at any time by sending such written notification to Dr. Max's office address. However, the revocation will not be effective to the extent that Dr. Max has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that Dr. Max generally may not make signing an authorization a condition of providing psychological services unless the psychological services are provided 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 the information and is no longer protected by the HIPAA Privacy Rule.

_____ _____
Signature of Client/Representative Date

_____ _____
Signature of Witness Date

If the authorization is signed by a personal representative of the client (e.g., Parent), a description of such representative's authority to act for the client must be provided here: _____