

Charles M. Citrenbaum, Ph.D.

LICENSED PSYCHOLOGIST
9199 REISTERSTOWN ROAD
SUITE 203B
OWINGS MILLS, MARYLAND 21117

410-363-4428
FAX 410-581-9174

Authorization To Release Information Form

This form when completed and signed by you, authorizes me to release protected information from your clinical record to the person you designate.

I authorize _____ and/or his/her administrative and clinical staff to release (provide description of the information that you want disclosed; your description should be as specific and as detailed as possible)_____

This information should only be released to (name and address of person to whom the information is to be released)_____

I am requesting the release of my information for the following reasons: (“at my request” is all that is required and you do not desire to state a specific purpose)_____

I understand that Dr. Citrenbaum or others cannot disclose information received from other health care providers if the health care provider requested that the information not be redisclosed.

This authorization shall remain in effect one year from the date I sign this form.

You have the right to revoke this authorization, in writing, at any time by sending such a written notification to my office address. However, your revocation will not be effective to the extent that I have 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. Citrenbaum generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me 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 this information and no longer protected by the HIPAA Privacy Rule.

Signature of Patient

Date

If the authorization is signed by a personal representative of the patient, a description of such representative’s authority to act for the patient must be provided.