learning ASSESSMENT CENTER

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Atlanta, GA 30324

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learningassessmentcenter.com

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

Student's Name: _____
Date of Birth: _____
Parent's Name: _____

This form when completed and signed by you, authorizes me to obtain/release protected information.

_____ The information may be **disclosed to** the agency/person listed below.

_____ The information may be **obtained from** the agency/person listed below.

_____ The information may be **shared between** Learning Assessment Center, LLC and its clinicians and the agency/person listed below.

Name: _____
Agency: _____
Address: _____
_____
Telephone: _____

Type of Information (Required):
_____ All records pertaining to this student's psycho-educational evaluation
_____ Other: _____

The purpose of this release is: _____

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I understand that my (my child's) records are protected under federal regulations governing the Health Insurance Portability and Accountability Act of 1996 (HIPAA). They cannot be disclosed without my written authorization unless otherwise provided for in the regulations. I understand that I may revoke this authorization in writing to the address below at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows (required);

_____
Specify above the event, condition, or date upon which this authorization expires (cannot exceed 1 year from "date signed")

I understand that my (my child's) psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me (my child) for the purpose of creating health information for a third party. I understand that the information disclosed may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule if the recipient is not bound by federal privacy regulations.

_____ _____
Signature (required) Date Signed (required)

_____ _____
Print Name (required) Witness Signature