

**SRI PSYCHOLOGICAL SERVICES, P.C.**  
**261 OLD YORK ROAD, SUITE 318**  
**JENKINTOWN, PA 19046**  
**(215) 885-3337**

**AUTHORIZATION TO RECEIVE AND RELEASE INFORMATION**

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

**I authorize SRI Psychological Services, PC to:**

*(Please check one or both)* Release Information: \_\_\_\_\_ Obtain Information: \_\_\_\_\_

(Provide specific information you want disclosed and check all that applies or specify below):

Treatment Notes: \_\_\_\_\_ Treatment Summary: \_\_\_\_\_ Evaluation Reports: \_\_\_\_\_ All Information: \_\_\_\_\_

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This information should be released to or requested from (*Name and Address of person(s) to whom the information is to be released/requested*): \_\_\_\_\_

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I am requesting the release of this information for the following reasons (check all that apply or specify below):

For Treatment Purposes: \_\_\_\_\_, For Continuity of Care: \_\_\_\_\_, Other(Specify Below): \_\_\_\_\_

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This authorization shall remain in effect for until the end of treatment unless otherwise indicated here.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to our office address. However, our revocation will not be effective to the extent that we 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 SRI Psychological Services, PC generally may not condition services upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party.

I am aware that this information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by the Privacy Rule. I understand that I have a right to cancel this authorization by writing to SRI Psychological Services, PC at 261 Old York Road, Suite 318, Jenkintown, PA 19046 (FAX: 215-885-3090). However, this revocation will not be effective to the extent to which actions have been taken in reliance on this 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 my psychologist, health plan, or other covered entity may not condition treatment, payment, enrollment or eligibility of benefits upon my signing the release except a health plan may condition enrollment upon the provision of an authorization to determine underwriting risks, or for creating protected health care information for disclosure to a third party (such as a physical examination as a condition of pre-enrollment in a life insurance policy).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date