Today's Therapy Solutions

Authorization to Release an Individual's Health Information

Last:	**First:**	**Middle:**
Other Names Used:	**Date of Birth:**	
Address:		
Home Phone: ( )	**Work Phone: ( )**	

☐ I hereby authorize the release of protected health information in my child's health (or educational) record from (date) to (date) maintained or created by the following provider (or school) to the provider listed below.

[ ] IEP forms

[ ] Psychological/Educational/Speech or other reports

[ ] Classroom observation or other reports

[ ] Interview of teacher(s) and administrators regarding my child's academic, behavioral, and other relevant functioning

[ ] Interview of Psychological, Medical, or similar provider

[ ] Lab, Imaging, EEG, or similar report

[ ] Other_____

[ ] Mail or fax copies of these records to the individual noted below :

Records From:	Records To:
Name: Today's Therapy Solutions	Name:
Address: 5500 N. Western, #153, OKC, OK 73118	Address:
Phone: (405) 286-3749	Phone:
Fax: (866) 435-3297	Fax:

Purpose of Request: __patient's (parent's) request, __dispute, __referral, __other: _____

I understand:

- I may revoke this authorization at any time by providing my written revocation to Andrea Douthitt at 286-3749. My revocation will not apply to information already retained, used or disclosed in response to this authorization. Unless revoked, the expiration date will be the date listed above or (6) months from the date of my signature, whichever is later.
- Unless the purpose of this authorization is to determine payment of a claim or benefits, Today's Therapy Solutions may not condition the provision of treatment or payment for my care on my signing this authorization.
- Information used or disclosed under this authorization may be subject to re-disclosure by the recipient and no longer protected by federal privacy regulations.
- **THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE INFORMATION WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND HUMAN IMMUNODEFICIENCY VIRUS ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).**
- The information authorized for release also may include protected health information related to mental health.
- The information authorized for release also may include drug/alcohol abuse treatment records. This category of medical information/records is protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit anyone receiving this information or records from making further release unless further release is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. As a result, by signing below I specifically authorize any such records included in my health information to be released.
- I understand that if my records are released from Today's Therapy Solutions that I will be charged $1.00 for the first page and $0.50 for each subsequent page, plus postage payable prior to the release of the requested records. (Make all checks payable to Today's Therapy Solutions). **These fees have been set by the Oklahoma state legislature.**

_____ _____ _____

Signature of Patient, Parent, or Legal Representative | Relationship to Patient | Date