

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Midwest Behavior and Performance Science Institute LLC (hereafter referred to as MBPSI)

I hereby grant my permission for the following providers to release information about:

Client Name: \_\_\_\_\_

MBPSI/Bradley Mitchell to release confidential information and material to:

\_\_\_\_\_ and **reciprocally** for

\_\_\_\_\_ to release material to

MBPSI/ Bradley Mitchell.

Information may be conveyed by telephone or sent to the above address. Specific information/material to be released (client/parent/guardian check each item approved):

- |  |  |
|--|--|
| <input type="checkbox"/> Treatment plan/reviews    | <input type="checkbox"/> Assessment and Evaluation Information |
| <input type="checkbox"/> Medical History           | <input type="checkbox"/> Medication Reports                    |
| <input type="checkbox"/> Diagnosis/treatment notes | <input type="checkbox"/> Psychiatric Evaluation/ Diagnosis     |
| <input type="checkbox"/> Psychological testing     | <input type="checkbox"/> Academic records                      |
| <input type="checkbox"/> Psycho-social history     | <input type="checkbox"/> Discharge summary                     |
| <input type="checkbox"/> Vocational Information    |  |
| <input type="checkbox"/> Other: _____              |  |

This information and material authorized for release may be used only for the purposes below.

(Client/parent/guardian must initial each approved purpose.)

- To coordinate or provide clinical services
- Follow-up
- Discharge planning
- To refer to other services
- Treatment/ service planning
- Other: \_\_\_\_\_

I understand that no information or material will be released without this specific permission except where provided by law. I understand that I am not required to sign this form in order for myself or my child/ward to receive services. I have the right to withdraw permission in writing at any time. Withdrawal of permission will not cover information/material released before the date of revocation, but will prevent further release of information.

\_\_\_\_\_  
Signature of client and/or parent/legal guardian

\_\_\_\_\_  
Date



AUTHORIZATION FOR USE OF E-MAIL OR FACSIMILE FOR TRANSMISSION OF PERSONAL  
HEALTH INFORMATION (PHI)

Client's Name: \_\_\_\_\_

I have been requested to allow transmission of my (or client for whom I am signing as legal representative) personal health information via e-mail and any other electronic facsimile. I understand that, while MBPSI/Bradley Mitchell will take every precaution to protect the privacy of my information, that transmission via e-mail and facsimile is not always secure. MBPSI will only send my information to individuals whom I have deemed acceptable to receive it, and will inform all recipients of my information of the need to treat it with privacy.

I have been informed of my right to refuse to allow transmission of my information via e-mail and facsimile.

I understand that I may revoke this authorization at any time upon written notice (not retroactive). Unless revoked, this authorization will continue for a period to include 90 days past the last date of service.

I hereby consent to the transmission of my information via e-mail and facsimile as determined necessary or appropriate by MBPSI.

\_\_\_\_\_  
Individual Giving Consent (please print clearly)

\_\_\_\_\_  
Signature of Individual Giving Consent

## Notice of Privacy Practice

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU (OR AN INDIVIDUAL FOR WHOM YOU ARE GUARDIAN) MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As part of providing services to you, we will collect information about your health care. MBPSI needs this information to provide you with quality services and to comply with certain legal requirements. This notice applies to all of the records of your care generated at the office of MBPSI. This law requires me to:

- Make sure that information that identifies you is kept private;
- Give you this notice of MBPSI' legal duties and privacy practices with respect to information about you; and
- Follow the terms of the Notice that is currently in effect.

### How I May Use and Disclose Information About You.

Listed below are a number of reasons or ways in which information about you might be disclosed. In each category I will explain what I mean and give an example. NOT EVERY USE OR DISCLOSURE IN A CATEGORY WILL BE LISTED. The ways I might disclose information include:

For Treatment: I will disclose information to those involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors. I may disclose information to another consultant with your permission.

For Payment. I may use and disclose information about you so that services may be billed and payment may be collected from you, an insurance company, or a government health program. I may also tell your health plan about a service you may receive to obtain prior approval or to determine whether your Plan will cover the treatment.

For Health Care Operations: I may use or disclose, as needed, your information in order to support my business activities. For example, I may share your information with third parties that perform business activities (e.g. billing services) provided I have a written contract with the business that requires it to safeguard the privacy of your information.

As Required by Law. I will disclose information about you when required by federal, state, or local law. For example, I will reveal information about you to the proper authorities to report suspected abuse or neglect.

To Avoid a Serious Threat to Health or Safety. I may use or disclose information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person.

Military and Veterans. If you are a member of the armed forces, I may release information about you as required by military command authorities.

Worker's Compensation. I may disclose information to a health oversight agency for activities authorized by law. Examples are government audits, investigations, inspections and licensure.

Lawsuits Oversight Activities. If you are involved in a lawsuit or dispute, or if there is a lawsuit or dispute concerning your services, I may disclose information about you in response to a court or administrative order. I may also disclose information about you in response to a subpoena, discovery request, or other lawful process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. In certain situations, I may release information about you to law enforcement officials. For example, I might release information about you to identify or locate a missing person; about a death that might be a result of criminal conduct; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description, or location of the person believed to have committed the

crime.

Coroners, Medical Examiners and Funeral Directors. I may release information to a coroner or medical examiner to identify a deceased person or determine a cause of death. I may release information to funeral directors as necessary to help them carry out their duties.

National Security and Intelligence, Protective Services for the President and Others. I may release information about you to authorize federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Correctional Programs. If you are an inmate or in the custody of a law enforcement officer, I may release information about you to the correctional institution or law enforcement official, for example, to provide you with health care, to protect your health and safety or the health and safety of others.

Verbal Permission: I may use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

### **YOUR RIGHTS REGARDING INFORMATION ABOUT YOU**

You have the following rights:

To Inspect and Copy your Therapy Service Records. Usually, this includes medical and billing records, but may exclude psychotherapy notes. To inspect and copy information in your records, you must submit your request in writing to MBPSI. Your right to inspect and copy your information will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. I may charge a fee for the costs of copying, mailing or other costs related to your request.

To Amend Your Records. If the information I have about you is incorrect or incomplete, you may make a written request to MBPSI to amend the information. I may also deny your request if you ask me to amend information that:

- \*Was not created by me, unless the person or entity that created the information is no longer available to make the amendment;
- \*Is not part of the information kept in our file;
- \*Is not part of the information you would be permitted to inspect and copy
- \*I believe the information is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, I will include your request in the record, whether the amendment is accepted or not.

To Request Restrictions. You may request a restriction on the disclosure of information about you for a treatment, payment or health care operations. Your request must be in writing and made to me. The request must tell me 1.) what information you want to limit; 2.) whether you want to limit my use, my disclosure or both; and 3.) to whom you want the limit to apply. For example, you could ask that I not use or disclose information to a certain person about your services you have received.

To Request Alternative Ways to Communicate. You may request that I communicate with you about your services in a certain way or at a certain location. For example, you can ask that I contact you only at work or only by mail. Your request must be in writing, and you must tell me how you would like us to communicate with you. This letter must be sent to me. I will accommodate all reasonable requests.

To Receive a Paper Copy or Electronic Copy of the Notice. You have the right to receive a paper copy or an electronic copy of this notice. You may request either a paper or an electronic notice from me.



ADDITIONAL RIGHTS UNDER STATE LAW. State privacy laws may provide additional privacy protections. Any such protections will be attached in a separate State addendum to this notice.

CHANGES TO THE NOTICE. I may change this notice in the future. I can make the revised or changed notice effect for information I already have about you as well as any information I have in the future.

COMPLAINTS: If you believe your privacy rights have been violated, you may file a complaint with the Secretary of Health and Human Services. You may also file a complaint with MBPSI by contacting the owner, Bradley Mitchell. All complaints must be in writing.

RIGHT TO REFUSE TREATMENT: You have a right to refuse treatment at any time.

## ACKNOWLEDGEMENT AND CONSENT

I received a copy of the Privacy Notice. I have had an opportunity to review it, and to ask questions. I understand that MBPSI, LLC/ Bradley Mitchell may sometimes disclose information about me without my consent, as required or permitted by law.

I understand that by submitting a written request, I may receive a copy of my file; request an amendment to my file; request alternative communication methods; request limited distribution of information in my life; or obtain an accounting of disclosures.

In signing this document, I also consent to the use and disclosure of my service information for routine treatment, billing and operations.

Name of Client: \_\_\_\_\_

Signature: \_\_\_\_\_  
(if client is a minor or has a legal guardian, their signature is required)

Date: \_\_\_\_\_