



RAUTH

AUTHORIZATION TO RELEASE PSYCHOTHERAPY NOTES

Department releasing record: _____

Instruction:
To be completed when psychotherapy note(s) are being released from ChristianaCare. Side 1 of 2

PLEASE COMPLETE ALL AREAS OF THIS FORM

Patient name (print): _____ **Date of birth:** ____/____/____

I authorize _____ to release and/or give copies of my psychotherapy notes to the following:
(doctor/therapist)

(Name and Organization)

(Street address)

(City, State, Zip Code)

ATTN: _____ Phone #: (_____) _____ - _____ Fax #: (_____) _____ - _____

Send via: Mail Fax Call

These records are needed for the following reason: Medical care Legal consult Insurance review
 Other (specify): _____

In reference to the following:

Date(s) of Visit*	Location, Department, Type of Service, Type of Record, etc.
/ /	
/ /	
/ /	

*(Note: Only records of visits within the last ten (10) years are available per ChristianaCare Record Retention policy.)

By signing below, I understand and acknowledge that:

- The healthcare provider(s) who created the psychotherapy notes may refuse, in their own discretion, to share or allow me to access the psychotherapy notes as consistent with applicable law.
- I may refuse to sign this authorization.
- I do not need to sign this form in order to receive treatment. ChristianaCare will not condition treatment on my signing this authorization unless (1) I am enrolled in a research study and the treatment is part of that study, or (2) the sole purpose of health care is to disclose health information to someone else.
- I may revoke this authorization at any time by presenting a written revocation to the department releasing my information.
- Any revocation will not apply to information that already has been released in response to this authorization.
- Any disclosure of information carries with it the potential for an unauthorized disclosure, and the information may not be protected by confidentiality rules.
- The fees for copying and mailing the information have been explained to me, and I understand that the recipient will be charge for copies and postage and, in turn, the recipient may ask to be reimbursed by me, or I may be directly responsible for the fees.
- I have been offered a copy of this authorization for my records.

