REN MASSEY, PH.D. Licensed Psychologist Phone: 404-292-3400
1244 Clairmont Road, Suite 101, Decatur, GA 30030 Fax: 404-292-3444

RELEASE OF INFORMATION AUTHORIZATION FORM

This form, when completed and signed by you, authorizes Dr. Ren Massey to release protected information from your clinical record to the person, organization, or institution you designate.

I authorize my psychologist, Dr. Ren Massey, and administrative and clinical staff, to release and obtain the following protected health information:

This information should only be exchanged with:_____

I am requesting my psychologist release or obtain this information for the following reasons: ("at the request of the individual" is all that is required if you are my patient and you do not desire to state a specific purpose). _____

This authorization shall remain in effect until the expiration date here listed or until the event that relates to the individual or the purpose of the use or disclosure has occurred.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to Dr. Massey's office address. However, your revocation will not be effective to the extent that previous action has been taken (and information released or obtained) 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 Dr. Massey generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of this information and no longer protected by the HIPAA Privacy Rule.

_____ _____
Signature of Client or Representative Date

_____ _____
Printed Name of Client or Representative If signed by a representative, describe the relationship or authority to sign for the client