MARK D. PARISI, PSY.D. & ASSOCIATES, P.C.
HOME PSYCH SERVICES, P.C.

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Tel. (847) 909-9858
Fax. (773) 313-3320

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____
(Client's Name) (Date of Birth)

do hereby authorize MARK. D. PARISI, PSY.D. & ASSOCIATES, P.C. / HOME PSYCH SERVICES, P.C. to release confidential information in my patient records to the individual(s) or organization(s) listed below:

1. Name, Address, E-Mail, and Phone Number of person(s) and organization(s) to whom disclosure is to be made:

_____
_____
_____

2. Specific TYPE(S) of information to be disclosed: (check all appropriate sections)

☐ Demographic Information	☐ SOAP (Progress) Notes
☐ Psychological Evaluation / Testing Information	

3. The PURPOSE and NEED for such disclosure is: (check all appropriate sections)

☐ Facility On-Going Care / Treatment	☐ To Aid in Child Custody Case
☐ Assist in Treatment Planning	☐ To Aid in Court Case

INSTRUCTIONS. Please send this Release Form by REGULAR U.S. MAIL to the address at the top of this Release Form or FAX AT THE NUMBER ABOVE and provide your preference of how you would like your records sent. Records sent by e-mail will be sent via HIPAA-compliant, secure link where your records may be safely downloaded.

4. How would you like these records sent: (check one)

☐ Regular U.S. Mail	☐ Confidential E-Mail Link

I understand that my records (including any alcohol, drug abuse, or mental status information) are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except that action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event this Consent expires automatically as described below. Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected under Federal law. Federal regulation (42 C.F.R. Part 2) prohibits you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than $500 in the case of the first offense and not more than $5,000 in the case of each subsequent offense.

Drug Abuse Office and Treatment Act of 1972 (21 USC 1175) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 & SC4582), Federal Register, Vol. 40, 1 No. 127, Tuesday, July 01, 1975.

_____
Signature of Client or Representative

_____
Printed Name of Client or Representative

_____
Today's Date

_____
Signature of PARISI / HPS Representative

_____
Printed Name of PARISI / HPS Representative

_____
Expiration of Release of Confidential Information