Pediatric Associates of Hampden County

# Authorization for the Release of Psychotherapy Notes

Important Notice: Any release of psychotherapy notes MUST be approved by the Behavioral Health Provider. The Provider can choose to deny any request.

**Demographics**

Patient Last Name _____ First Name _____ MI_____

Patient Date of Birth _____

Patient Address _____

**Authorization**

Note: All references below to 'patient' are for the patient listed above.

I give my permission for Pediatric Associates of Hampden County to share my/ the patient's psychotherapy notes with the person or organization listed below.
Choose One:

- ☐ All psychotherapy notes
- ☐ Psychotherapy notes for the period from _____to _____

Share a copy of my/ the patient's psychotherapy notes with:

Name _____

Organization _____

Address _____

Email Address _____

Phone _____ Fax _____

I know I can revoke this form at any time. This means I can tell Pediatric Associates of Hampden County to stop sharing my/ the patient's information. I know I cannot withdraw information that Pediatric Associates of Hampden County had shared before I told Pediatric Associates of Hampden County to stop. Pediatric Associates of Hampden County may already have shared it. If I no longer want my/ the patient's medical record shared I will send a written letter to Pediatric Associates of Hampden County telling them to revoke this form.

This approval will end in 12 months or sooner if I send a written letter to Pediatric Associates of Hampden County telling them to revoke this form.

Pediatric Associates of Hampden County

By signing below I agree that I understand the above. I am voluntarily allowing my/ the patient's medical record to be shared.

_____
Patient's Name

_____ _____
Parent/Legal Guardian's Name (if applicable) Relationship to Patient

_____ _____
Signature of Parent /Legal Guardian /Self (if 13+) Date

*Patients under the age of 18 may be allowed to provide or decline release without parental consent under Massachusetts law.*

**Important Notice**

You do not have to give permission to share these records. Pediatric Associates of Hampden County will not base your/ the patient's treatment on whether or not you sign this form.

After your/ the patient's medical record is shared, this information may be re-disclosed (shared) by the person or organization you listed above. This re-disclosure may not be protected by State and Federal law.

You have the right to get a copy of this signed form.