

AUTHORIZATION FOR OUTGOING INFORMATION
Complete the below form to verify authorization information being released by MOPS.

Client Name/DOB: _____

Agency to receive information: _____

Date exchange of information initiated: _____

We have no record of a client by the above name.

The release of information you sent is invalid for our purposes. Please do the following if you still require information you think we may have on the above client:

We have enclosed the following materials that you have requested with a valid release of information:

Formal Assessment (date) _____

Case notes (list dates) _____

ISP (list dates) _____

Treatment Summary (list dates) _____

Correspondence (list dates) _____

IQ test results including raw scores

Projective testing including the following tests: _____

Test result summary of the following tests: _____

Fax Cover Sheet

Request for Signature (Initial Paperwork, Annual Update Packet, ROIs, ISP, Supv. Agreement)

Attendance Verification Sheet

Case Closure (date) _____

Other (list): _____

Authorizing Clinician: _____

ROI Verified

Material Sent to Legal Guardian

Material Sent Per Court Order

Sent to Insurance Company with Billing Authorization

Date information sent: _____ Faxed Mailed Hand Delivered Secured Email

Responsible Support Staff: _____

This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part II. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996. (HIPAA), 45 CFR parts 160 and 164. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

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