RELEASE OF INFORMATION AUTHORIZATION –
COMPREHENSIVE PAIN SPECIALISTS

I hereby authorize my psychologist, Steven G. Haupt, Ph.D. (4901 Towne Centre, Suite 205, Saginaw, MI 48604: (989) 921-5715), and/or his administrative and clinical staff to release or obtain medical and/or other information contained in its records regarding:

Client: _____ **Date of Birth:** _____

To/from the individual and/or organization listed below, subject to the conditions specified below: This information should only be released to/from: **Comprehensive Pain Specialists (formerly Matrix Pain Management)**

1.   Specific type of information to be disclosed is **Diagnosis, treatment, and exchange of information.**

    I am requesting my psychologist to release or obtain this information for the following reasons:

At the request of the individual, or as otherwise specified.

This authorization for release of information will expire as soon as this specific request has been fulfilled.

2.   You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address. However, your revocation will not be effective to the extent that I have taken action 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.

3.   I understand that my psychologist 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.

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

Signature: _____

Date: _____

   (When appropriate: My relationship to client is ___ parent ___ guardian)

  Witness: _____ Date: _____

 If the authorization is signed by a personal representative of the patient, a description of such representative's   authority to

    act for the patient must be provided.

    _____

    _____