Insight Psychological Services, LLC
9151 Estate Thomas, Foothills Professional Building, Suite 204
St. Thomas, VI 00802
(340) 774-2228

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL AND PRIVILEGED INFORMATION

Client Name: _____ Date of Birth: _____/_____/_____

Please check (required):

The information may be ☐ **disclosed to** the agency/person listed below.

The information may be ☐ **obtained from** the agency/person listed below.

The information may be ☐ **shared between** Insight Psychological Services and the agency/person listed below.

Name of Agency/Person: _____

Address: _____

_____

Phone: _____

Fax: _____

The records to be disclosed are as follows (required):

_____

_____

The purpose of the authorization to disclose information is for (required):

□ Continuing/Coordinating Care □ Pending Court Case □ Other _____

I understand that my records are protected under federal regulations governing the Health Insurance Portability and Accountability Act of 1996 (HIPPA). 45 CFR Part 160 & Subparts A and E of Part 164 (Privacy Rule) cannot be disclosed without my written authorization unless otherwise provided for in the regulations. I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this authorization expires automatically as follows (required):

_____

Specify above the event, condition, or date upon which this authorization expires (cannot exceed 1 year from "date signed")

I understand that my current treatment or continued treatment by Insight Psychological Services, LLC is not conditioned on whether or not I sign this authorization and that I may refuse to sign it, unless the services are provided to me for the purpose of creating health information for a third party. I understand that the information disclosed may be subject to redisclosure by the recipient and may no longer be protected by the HIPPA Privacy Rule if the recipient is not bound by federal privacy regulations. I understand that the laws of the Virgin Islands require the professionals at Insight Psychological Services, LLC to disclose privileged information in situations of: suspected child abuse and neglect; abuse of an elderly or disabled person; probability of imminent physical injury to oneself or another; probability of immediate mental or emotional injury to the patient, and in instances where the Court shall order the disclosure of privileged information or shall subpoena records.

_____ _____

Signature (required) Date Signed (required)

_____ _____

Print Name (required) Witness Signature