



David Udelf & Associates

Psychological Services

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REQUEST AND AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

This request authorizes DAVID UDELFF, PSY.D. to obtain and/or disclose protected information from the clinical record of:

_____ Myself _____
 Your Full Name

_____ My Child _____
 Child's Full Name

CHECK ONE OF THE FOLLOWING OPTIONS:

_____ I grant my permission to release all pertinent medical, psychological, or legal information pertaining to my child or myself.

_____ I grant my permission to release pertinent medical, psychological, or legal information pertaining to my child or myself with the following restrictions:

TO AND/OR FROM THE FOLLOWING PROFESSIONAL, INDIVIDUAL, OR ORGANIZATION:

Name		Title/Relation	
Organization			
Street Address	City	State	Zip
Phone Number		Fax Number	

I voluntarily authorize and request to release/obtain information from my records and fully understand the nature of the records and information to be released.

I understand and acknowledge that this authorization extends to all or any part of the records designated above which may include documentation of treatment for physical and emotional difficulties, alcohol/drug abuse, and or HIV/AIDS test results or diagnoses. I expressly consent to the release of information designated above.

I understand that I may revoke this consent at any time except to the extent that action based on this consent has already occurred. *SUCH REVOCATION MUST BE IN WRITTEN FORM AND DATED.* This consent will expire automatically when the treatment is concluded unless otherwise stated in writing.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and, therefore, no longer protected by the *Health Insurance Portability and Accountability Act (HIPAA).*

 Name of Client or Parent Guardian (please print)

 Signature of Client or Parent/Guardian

 Signature of Witness

 Date

 Name of Witness

 Signature of Witness

East Side Location
 The Darwood Building
 23360 Chagrin Boulevard
 Suite 110
 Beachwood, OH 44122

West Side Location
 King James Office Park
 24500 Center Ridge Road
 Building 4, Suite 250
 Westlake, OH 44145