

RIVER PARK PSYCHOLOGY CONSULTANTS, LLC

Individual Practitioners
www.riverparkpsych.com

Molly Allen, PsyD
Bruce Nystrom, Ph.D.
Greg Smith, Ph.D.
James Sommer, M.S., LCP

Michael Ohlde, Psy.D.

727 N. Waco, Suite 320
Wichita, KS 67203-3972
Phone 316-616-0260
Fax 316- 616-0264

This form authorizes the release of protected information from your clinical records

I Authorize and consent to Bruce Nystrom, Ph.D. and/or his staff: (check all that apply)

_____ Disclosing information to _____ and/or _____ Obtaining information from _____

Name _____

Address _____

Phone _____ Fax _____

This authorization and consent pertains to the following information: (check all that apply)

Consultation telephone call _____ Intake/Treatment plan _____

Consultation letter _____ Progress Notes _____

Evaluation report _____ Evaluation raw data _____

Other/Specify _____

I am requesting the release of this information for the following reason:

This authorization and consent expires on: date _____
(if left blank, six months after the date of signature)

You have the right to revoke this authorization, in writing, at any time by sending such notification to my office. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my psychologist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided for the purpose of creating health information for a third party. I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

(This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient).

Signature of Patient Date

Printed Name of Patient Date of Birth Social Security Number

Signature of Parent/Guardian Date

Signature of Witness Date