Authorization to Release Information
To Insurance Company

Insurance:_____   Patient:_____

Date Of Birth:_____   Date of Birth:_____

Specific information to be disclosed: Administrative information, patient status (voluntary vs. involuntary, inpatient vs. outpatient), level of impairment, level of distress, diagnosis, and prognosis.

Purpose of disclosure: Determination of Insurance Benefits

Pursuant to N.J.S.A. 45:148-28, I am aware of the privilege for confidential communication between a patient and a licensed psychologist, and I understand that this released information will be used solely to review necessity and quality of care. I understand that my records are protected under the applicable state law governing health care information that relates to mental health services and under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when I terminate treatment with the psychologist.

I, _____hereby authorize **Olivo Therapy Group, LLC.** To release information indicated above to:

_____
_____
_____
_____
_____
_____

Signature of Patient/Parent/Legal Guardian:_____

Signature of Witness:_____   Date:_____

PROHIBITION ON REDISCLOSURE: Alcohol and Drug Abuse information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosures of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. 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.