



University Psychological Clinic

210 S. 5th Ave. Ann Arbor, MI 48104 • mari.umich.edu/psych-clinic • Phone: (734) 615-7853 • Fax: (734) 764-8128

MARI Release of Information

UNIVERSITY OF MICHIGAN MARY A. RACKHAM INSTITUTE INCLUDES

- University Center for the Child and Family
-University Center for Language and Literacy
-University Psychological Clinic
Phone (734)615-7853 Fax (734)764-8128

AUTHORIZATION TO RELEASE AND/OR RECEIVE PATIENT INFORMATION EXPECT TO RECEIVE RECORDS IN 2-4 WEEKS

I AUTHORIZE THE UNIVERSITY OF MICHIGAN MARY A. RACKHAM INSTITUTE (MARI) ITS AGENTS AND ITS EMPLOYEES TO RELEASE PROTECTED HEALTH INFORMATION ABOUT ME / MY CHILD TO/FROM THE RECIPIENT WHICH MAY INCLUDE ALCOHOL AND DRUG ABUSE TREATMENT; PSYCHOLOGICAL AND SOCIAL WORK COUNSELING; HIV OR AIDS OR ARC; COMMUNICABLE DISEASE OR INFECTIONS, INCLUDING SEXUALLY TRANSMITTED DISEASES, VENEREAL DISEASE, TUBERCULOSIS AND HEPATITIS; AND

PATIENT:

Patient's Name

Patient's Address

City State Zip

Patient's Date of Birth Phone Number

RECIPIENT:

Self or name of family member/guardian(s), name of medical clinic, school, or other Institute

Address

City State Zip

Phone Number Fax Number

INFORMATION TO BE DISCLOSED

Information

- Diagnostic/Consultation Evaluation
Outpatient Reports
Treatment Summary
Progress Notes
Inpatient Reports
Speech Progress Notes & Reports
Laboratory
Psychological Test Reports
Other

If 'Other', please specify

PURPOSE (S) FOR WHICH THE INFORMATION MAY BE DISCLOSED

Purpose

- At the Request of the Patient
Continuation of Care/Consultation
Social Security/Disability Certification
Insurance Claim/Application
Attorney Inquiry/Legal Matter
Worker's Compensation
Conversation only, no records to be sent
Other

If 'Other', please specify



University Psychological Clinic

210 S. 5th Ave. Ann Arbor, MI 48104 • mari.umich.edu/psych-clinic • Phone: (734) 615-7853 • Fax: (734) 764-8128

Dates of Service

From _____ To _____

Billing Information

From _____ To _____

Format _____

TO OBTAIN PATIENT INFORMATION FROM ANOTHER HEALTH ORGANIZATION

I authorize release of information from:

Name of Physician, Institution, Clinic, etc.

Address

Please send information requested to:

- Mary A. Rackham Institute or specify a specific center
- University Center for Language & Literacy
- University Center for the Child and Family
- University Psychological Clinic

210 S. 5th Ave, Ann Arbor, MI 48104-2059

EXPIRATION

(may be a specific date or a condition; if left blank, expires at termination of treatment)

This authorization expires _____

REVOCACTION, REDISCLOSURE, AND CONDITIONING OF ELIGIBILITY

REVOCACTION: I understand that I may revoke my authorization by writing to the Mary A. Rackham Institute (MARI), 500 East Washington Street, Suite 100, Ann Arbor, MI 48104-2059; (734) 615-7853; Fax (734) 764-8128. After it is revoked, MARI will make no further disclosures to the above persons without a new authorization. MARI can rely on this authorization until it is revoked, or until the expiration date or conditions are met. A request to revoke my authorization will not apply to the extent MARI has taken action in reliance upon my authorization. In the event that the authorization was obtained as a condition of providing insurance coverage, the revocation will not apply to my insurance company to the extent that the law provides my insurer with the right to contest a claim under the policy, or the policy itself. REDISCLOSURE: Once information has been disclosed, it may no longer be protected from further disclosures by federal or state privacy laws. CONDITIONING OF ELIGIBILITY:



University Psychological Clinic

210 S. 5th Ave. Ann Arbor, MI 48104 • mari.umich.edu/psych-clinic • Phone: (734) 615-7853 • Fax: (734) 764-8128

AUTHORIZATION SIGNATURE

SIGNATURE:

(Patient, Parent, Legal Representative)

Name: _____ Date: _____

AUTHORIZATIONS SIGNED BY A LEGAL REPRESENTATIVE MUST INCLUDE A COPY OF THE GUARDIANSHIP PAPERS OR A POWER OF ATTORNEY
