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**AUTHORIZATION TO REQUEST OR RELEASE INFORMATION**

**AUTHORIZATION:**

I, \_\_\_\_\_, hereby authorize Scottsdale Pediatric Behavioral Services to *request or release*  
(Client/Guardian)  
information and records concerning \_\_\_\_\_  
(Client & D.O.B)

To: \_\_\_\_\_  
(Individual or Entity)

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**INFORMATION TO BE RELEASED:**

This disclosure is for the purpose of: \_\_\_\_\_

Items and information to be released are:  
\_\_\_\_\_  
\_\_\_\_\_

**LIMITS OF RELEASE:**

I wish to exclude the release of information pertaining to: (None, if left blank):  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS OF RELEASE:**

-I understand that I may refuse to sign this authorization and that my refusal will not affect my eligibility to obtain services from Scottsdale Pediatric Behavioral Services, except when I am receiving services solely for the purpose of creating information for disclosure to a third party (e.g., behavioral assessment). If this exception applies, my refusal to sign an authorization will prohibit my ability to obtain services. \_\_\_\_\_ (initial)

-I understand that my signature authorizes the release of this information only between the above-named persons or agencies. This information will not be made available to others who request it secondarily and will not be re-released to any other person or agency. \_\_\_\_\_ (initial)

-I understand that I may revoke this authorization at any time by giving written notice to Scottsdale Pediatric Behavioral Services. This release is in effect for \_\_\_\_\_ days unless otherwise rescinded by client or guardian. \_\_\_\_\_ (initial)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if client is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Any records accompanying this release are protected by federal confidentiality rules (42 C.F.R. 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 C.F.R. 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.

