PRECISION TRAUMA THERAPY CENTER, LLC
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CLIENT AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION (ROI)

This packet includes (1) an Authorization for Release of Confidential Information (ROI) and (2) practice policies regarding records requests and legal involvement. Please read carefully before signing. If you have questions, ask your provider.

1) Authorization for Release of Confidential Information (Release of Information - ROI)

I authorize Precision Trauma Therapy Center, LLC to use and/or disclose my confidential information as described below. This authorization is voluntary and may be revoked as described in Section 11.

Client Information

Client Name: _____Date of Birth (MM/DD/YYYY):_____

Phone: _____Address: _____

Recipient (Who may RECEIVE information)

Name/Organization: _____

Contact Person (if applicable): _____

Phone: _____Fax (optional): _____

Email (optional): _____Address:_____

Sender (Who may SEND information to Precision Trauma Therapy Center, LLC) - Optional Complete this section if you want another provider/organization to send records to us.)

Name/Organization: _____

Contact Person (if applicable): _____

Phone: _____Fax (optional): _____

Email (optional): _____Address:_____

Purpose of Disclosure (check all that apply)

☐ Coordination of care / treatment planning

☐ Continuity of care / referral

☐ Insurance / payment / benefits determination

☐ Legal / court-related matter (specify): _____

☐ Employment / EAP / workplace documentation (specify): _____

☐ School documentation (specify): _____

☐ Other (specify): _____

Information to Be Disclosed (check ONLY what is needed)
By checking items below, you authorize release of ONLY those items selected (minimum necessary).

☐ Dates of service / attendance verification
☐ Appointment scheduling information
☐ Diagnosis / diagnostic impression
☐ Treatment plan and goals (high-level)
☐ Progress summary (non-detailed)
☐ Assessment results (screeners, rating scales)
☐ Medication-related information (if applicable)
☐ Billing / insurance information
☐ Discharge summary (if applicable)
☐ Entire clinical record (may be extensive)
☐ Other (specify): _____

Method of Disclosure (check all that apply)
☐ Verbal exchange (phone)
☐ Written Letter
☐ Secure electronic transmission (when available)
☐ Fax (acknowledging some risk of misdelivery)
☐ Client pick-up (ID required)
☐ Other: _____

Time Period Covered
Release information from: _____ to _____
OR ☐ All records from start of treatment to present

Expiration
This authorization expires on (choose one):
☐ _____ (date) ☐ One (1) year from date signed

☐ Other event: _____

Sensitive Information and Special Protections
Initial only if you specifically authorize release of the following categories (if applicable):
_____ Substance use disorder treatment records (42 CFR Part 2)
_____ HIV/AIDS-related information
_____ Sexually transmitted infection information
_____ Genetic testing information
_____ Mental health details beyond a general summary

Psychotherapy Notes: Psychotherapy notes (if applicable - as defined by law) are typically not released without a separate, specific authorization, unless required by law.

☐ I am requesting psychotherapy notes be released (a separate authorization may be required).
Client Initials: _____

Limits of This Authorization

i. Precision Trauma Therapy Center, LLC will disclose only the minimum necessary information to accomplish the purpose stated above.
ii. Precision Trauma Therapy Center, LLC cannot guarantee how the receiving party will protect the information once disclosed.
iii. Information disclosed may be subject to re-disclosure by the recipient and may no longer be protected by privacy laws.
iv. Precision Trauma Therapy Center, LLC may limit or decline to release certain information if prohibited by law, outside the scope of this authorization, or not clinically appropriate, and may redact third-party information.

Right to Revoke

I understand I may revoke this authorization at any time by submitting a written request to Precision Trauma Therapy Center, LLC at the address above. Revocation will not affect any disclosure already made in reliance on this authorization.

Voluntary Agreement / No Conditioning

I understand that my treatment is generally not conditioned on signing this authorization (except in limited circumstances such as certain third-party payment requirements). I am signing voluntarily.

Signature

Client / Legal Representative Name (print): _____

Relationship (if representative): _____

Signature: _____ Date (MM/DD/YYYY): _____

Staff/Witness (recommended) Name (print): _____

Staff/Witness Signature: _____ Date (MM/DD/YYYY): _____

2) Records Request & Release Policy

This policy explains how Precision Trauma Therapy, LLC handles requests for records and other information. Our goal is to protect client privacy while complying with applicable law and ethical obligations.

How to Request Records

Records requests must be submitted in writing. For releases to third parties, a signed ROI is required. We may request documentation to verify identity or legal authority (e.g., guardianship documentation).

What May Be Released

We release only the minimum necessary information authorized by the ROI and consistent with applicable law. Depending on what is authorized, releases may include dates of service, diagnosis/diagnostic impression, treatment plan and goals (high-level), general progress summaries, assessment results, discharge summaries (if applicable), and billing/insurance information. Psychotherapy notes (if applicable - as defined by law) are typically not released without a separate, specific authorization unless required by law. Information about other people (third-party information) may be redacted or withheld.

Delivery Methods

Records may be provided by secure electronic delivery when available, mail, or in-person pickup with ID. Fax or non-secure email may be used only if specifically authorized and may carry privacy risks.

Response Time

We respond as promptly as possible. Response time may vary depending on request scope, record volume, clinician availability, and required clinical/legal review.

Limitations / Discretion

Precision Trauma Therapy Center, LLC may limit or decline disclosure when the request is outside the scope of the ROI, prohibited by law, identity/authority cannot be verified, disclosure could reasonably cause substantial harm (as allowed by law), or clarification is needed to ensure an accurate and minimum-necessary release.

No Guarantees After Disclosure

Once information is released to a third party, Precision Trauma Therapy Center, LLC cannot control how the information is stored, protected, or re-disclosed.

3) Subpoena, Court, & Attorney Involvement Policy

Therapy is Not Forensic Services

Precision Trauma Therapy Center, LLC provides clinical treatment, not forensic evaluation. Clinical records are created for treatment purposes and may not be suitable for legal conclusions.

Subpoenas vs. Court Orders

A subpoena may request records or testimony, but it may not be sufficient by itself to authorize release of confidential mental health information. We generally require a valid ROI signed by the client (or legal representative) and/or a court order signed by a judge, and any other documentation required by applicable law, before releasing records.

Client Notice

When legally allowed, we will attempt to notify the client about subpoenas, attorney requests, or court involvement that may affect confidentiality.

Testimony and Court Appearances

Clinician testimony (depositions, hearings, trials) is outside routine clinical services and is subject to scheduling availability, appropriate authorizations, and legal documentation, and scope limitations necessary to protect confidentiality and comply with law.

Scope of Information and Opinions

If information is provided, it may be limited to clinically appropriate topics such as dates of treatment, general presenting concerns, diagnosis/diagnostic impression when appropriate, general course of treatment,

observed functional impacts, and treatment recommendations. We generally do not provide ultimate legal conclusions (e.g., custody recommendations, fault/liability determinations) or fitness-for-duty/disability determinations unless specifically contracted and within scope.

Privacy Risks in Legal Matters

Clients should understand that if therapy records become part of a legal matter, confidentiality may be reduced and records may be re-disclosed through legal processes.

Mandatory Reporting and Safety Exceptions

Nothing in this policy limits legal or ethical obligations related to safety, abuse/neglect reporting, or other mandatory duties.

Client Initials (optional acknowledgment): _____ Date: _____ /_____ /_____