



INTEGRATED PSYCHOLOGICAL SERVICES  
EMPLOYEE ASSISTANCE PROGRAMS INC.

Authorization to Release Protected Information  
Employer Referral

Employee's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize Matrix to secure/release the following information relevant to my case:

- treatment plan
- discharge summary
- substance abuse assessment results
- client progress via telephone
- dates of service
- Other (specify) \_\_\_\_\_

\_\_\_\_\_ Release to                      \_\_\_\_\_ Receive from                      \_\_\_\_\_ Exchange with

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Human Resources contact (If different from above): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I am requesting Matrix to release this information for the following reasons:

At my request

Other \_\_\_\_\_

This authorization shall remain in effect for one year, unless revoked in writing prior to that time.

I have the right to revoke this authorization, in writing, at any time, by sending such written notification to Matrix at 2 Easton Oval, Suite 450, Columbus, OH 43219. However, my revocation will not be effective to the extent that Matrix has taken action in reliance on this authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. A copy or facsimile transmission of the original of this authorization shall be treated with the same force and effect as the original hereof.

I understand that Matrix generally may not condition psychological services upon my signing an authorization unless psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient of the information and no longer protected by the HIPAA Privacy Rule. \_

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Patient

PHONE: 614-475-9500/ 800-886-1171  
FAX: 614-475-9821

2 EASTON OVAL, SUITE 450  
COLUMBUS, OH 43219