



AA Info Services PO Box 4489 Charleston, WV 25364 Phone: (304) 341-1550 Fax: (304-341-1549

AUTHORIZATION TO DISCLOSE PSYCHOTHERAPY NOTES

Please complete this form and return to AA Info Services on behalf of WVUPC by:

Fax: (304) 341-1549 Mail to: AA Info Services
Email: (records@aainfoservices.com) PO Box 4489

**West Virginia University Physicians of Charleston (WVUPC) Charleston WV, 25364

und/or AA Info Services is not responsible for the potential risks associated with unsecured email transmission of your protected health information

	•		transmission of your protected health	
PATIENT NAME:				
Psychotherapy Note	Information Requested: (Comp	plete options below)		
Date(s) of Service Re	quested:			
METHOD OF RELEASE:	**Complete mailing address	s is required. ** Incomplete forn	ns will be returned to requester.	
Person/Facility to Re	ceive Information:			_
Mailed to: STREET:		Спу:	State: Zip:	
Fax Number:				
**WVU Physicians of protected health inform	Charleston and/or AA Info Servic nation.	es is not responsible for the poter	ntial risks associated with unsecured	d email transmission of you
Purpose of Disclosur	_			
Continuity of Care		e Litigation Wo Other (Please specify):		
Disability Determ		other (ricase specify).		
Authorization to Rel	ease Information:			
	0 0	, ,	permission for WVU Physicians of Cha A) for all dates of service as specified a	
Other Special Instruction	ons, if any:			
ensure treatment, payn	nent, enrollment in a health plan, or ire and the information may not be	eligibility for benefits. I understand	e to sign this authorization. I need not that any disclosure of information carr ules. If I have questions about disclos	ries with it the potential for ar
present my written revo that has already been re insurer with the right to	ocation to: : AA Info Services, PO Boo eleased in response to this authoriza	x 4489, Charleston, West Virginia 253 ation. I understand that the revocatio Inless otherwise revoked, this author	n order to revoke this authorization, I r 664. I understand that the revocation w on will not apply to my insurance comp ization will expire 180 days from the d	vill not apply to information pany when the law provides m
State/Federal Law This	current rate in WV is \$20.00 proces		I understand that copying charges wi \$150, pre-payment MAY BE required. collected by AA Info Services.	
Signature of Patient	or Legal Representative			
0.8	o. 1080ob. 000		DATE	
If signed by legal rep	resentative, relationship to patio	ent:		
For Provider Use Only	Provider Signature		Date	
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