

Authorization to Use or Disclose Psychotherapy Notes

Requesting Individual *(Please print)*

<i>First Name</i>	<i>Last Name</i>	<i>Member's Contract Number</i>
<i>Address</i>		<i>Daytime Telephone Number(s)</i>
<i>City</i>	<i>State</i>	<i>ZIP</i>

Please describe in detail the specific information you are authorizing to be used or disclosed. Include provider names, dates of treatment and types of service where applicable. *(For use or disclosure of protected information other than psychotherapy notes, you must use a different form)*

Authorized Uses and Disclosures

I authorize the following persons or entities to disclose my psychotherapy notes described above to MESSA:

I further authorize MESSA to use my psychotherapy notes for the following purposes:

Expiration and Revocation

This authorization will expire on _____ OR when the following occurs: _____

You may revoke the authorization at any time by sending a written request on a standard form available at www.messa.org or by calling the MESSA Privacy Officer at 800.292.4910. Revocation will not affect actions taken before MESSA receives the revocation request.

Authorization

I hereby authorize the use or disclosure of psychotherapy notes as specified above. I understand that this authorization is voluntary. I also understand that once the PHI is used or disclosed by MESSA as authorized above, MESSA is not responsible for the designated recipients' use or disclosure of the PHI.

<i>Signature</i>	<i>Date</i>
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If a representative signs this authorization on behalf of an individual, please specify the relationship to the individual including the authority to sign. Please provide proof of the relationship to the individual unless the individual is your minor child.

Representative's Name:

Relationship to the individual and authority to sign:

Sign and return this form to:
Privacy Officer, MESSA, PO Box 2560, 1475 Kendale Blvd., East Lansing, MI 48826-2560 or Fax to 800.693.5160.
If you have questions, please call the Privacy Officer at 800.292.4910.

MESSA will provide you with a copy of this signed authorization.