

**RESPONSE TO REQUEST FOR INFORMATION**

Client Name/DOB: \_\_\_\_\_

Agency requesting information: \_\_\_\_\_

Date request received: \_\_\_\_\_

We have no record of a client by the above name.

The release of information you sent is invalid for our purposes. Please do the following if you still require information you think we may have on the above client:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have enclosed the following materials that you have requested with a valid release of information:

- \_\_\_ Psychological Evaluation
- \_\_\_ Case notes (list dates) \_\_\_\_\_
- \_\_\_ ISP (list dates) \_\_\_\_\_
- \_\_\_ Treatment Summary (list dates) \_\_\_\_\_
- \_\_\_ Correspondence (list dates) \_\_\_\_\_
- \_\_\_ IQ test results including raw scores
- \_\_\_ Projective testing including the following tests: \_\_\_\_\_
- \_\_\_ Test result summary of the following tests: \_\_\_\_\_
- \_\_\_ Other (list): \_\_\_\_\_

Authorizing Clinician: \_\_\_\_\_

ROI Verified

Material Sent to Legal Guardian

Date information sent: \_\_\_\_\_

Responsible Support Staff: \_\_\_\_\_

This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part II. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. Drug abuse patient records are also protected under the Health Insurance Portability and Accountability Act of 1996. (HIPAA), 45 CFR parts 160 and 164. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.