

**PsychRights**<sup>®</sup>  
Law Project for  
Psychiatric Rights, Inc.

October 13, 2009

Pharmacy Program & Ancillary Services  
Division of Health Care Services  
4501 Business Park Blvd.  
Bldg L, Ste. 24  
Anchorage, AK 99503-7167

Ref: **Authorization of Release of Information,** [REDACTED]

Dear Records Department:

Please find enclosed a copy of the Authorization for Release of Information signed by [REDACTED]  
[REDACTED] on July 17, 2009.

Please forward all billing records pertaining to psychotropic medications to the following address:

Law Project for Psychiatric Rights  
406 G Street, Suite 206  
Anchorage, AK 99501

If you have any questions, please feel free to contact me.

Yours truly,

  
James B. Gottstein, Esq.

cc: [REDACTED]

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

To: All "Covered Entities" under the Health Insurance Portability and Accountability Act (HIPAA) and their Employees:

I, Marie Greist, born 12/26/99, Social Security Number 574-02-3440, hereby authorize and direct you to:

- (1) communicate with the Law Project for Psychiatric Rights (PsychRights<sup>®</sup>),
- (2) answer all of PsychRights' questions, and
- (3) provide copies of all documents and other materials requested by PsychRights pertaining to me.

This authorization includes, but is not limited to:

- (i) medical and mental health treatment,
- (ii) diagnoses and indications,
- (iii) medical necessity,
- (iv) informed consent,
- (v) psychotropic medication prescription(s),
- (vi) billing,
- (vii) monitoring for negative effects of treatment,
- (viii) communications with individuals and agencies,
- (vii) consideration of psychosocial interventions, and
- (viii) monitoring the level and type(s) of improvement or deterioration in behavior, life skills, family, school, and social relationships, sports, and the ability to cope with life's demands.

I understand that:

- (a) The records are protected under federal confidentiality regulations issued under HIPAA and cannot be disclosed without written consent unless otherwise provided for in the regulations.
- (b) The released records may contain sensitive information.
- (c) PsychRights is not a covered entity under HIPAA and the information being disclosed may be subject to redisclosure, including use in one or more court cases, and may otherwise no longer be protected under the regulations.
- (d) I may revoke this consent at any time by notifying PsychRights.
- (e) This consent expires at the earlier of \_\_\_\_\_, or December 31, 2010.

A copy hereof, shall be effective.

Executed this 17 day of July, 2009.

Marie Greist  
[Signature]

MARIE GREIST  
[print name]