



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830
www.bbs.ca.gov



RELEASE OF INFORMATION MONITOR BILLING SYSTEM

I, _____, the undersigned, hereby authorize the
Respondent's Name

release of information between _____
Name of Billing Monitor

and the Board of Behavioral Sciences (Board). This Release includes, but is not limited to, the disclosure of confidential information provided in the course of treatment and/or services for billing monitoring purposes, as well as information released from the Board to the specified billing monitor.

The disclosure of confidential information and records authorized herein is required solely for the billing monitoring of treatment and/or services, or for official use by the Board including any investigation and/or possible proceedings regarding any violation of the laws of the State of California, any violation of the terms of my Board-ordered disciplinary probation, or in any proceedings to modify or terminate probation.

This authorization shall remain valid until the completion of my probation and/or until the Board completes any proceedings arising out of a Board-ordered investigation. Copies of this Release, including copies of my signature, may be used in lieu of the original Release, and further, that such copies and signatures shall have the same force and effect as originals.

I understand that I have a right to receive a copy of this Release if requested by me.

Respondent Signature *Date*

Respondent's Printed Name