

Mental Health Resource Associates, P.C.
31275 Northwestern Hwy, Suite 120
Farmington Hills, MI 48334
248-932-7799

WAIVER OF CLINICAL RECORD

I _____, request that Richard Kay, MA of Mental Health Resource Associates, PC wave the detailed documentation in my clinical mental health record.

I _____ understand that financial business records are going to be maintained for up to seven years for adults or three years for minors. All clinical mental health records, and financial business records, past the aforementioned time period will be destroyed.

I am aware that I may refuse to sign this authorization. My refusal will not affect my ability to obtain treatment. If I refuse to sign this authorization and have previously authorized my mental health provider of services to disclose information about me to a third party, my provider has the right to decide not to treat me or accept me as a client in their practice.

I accept this request _____ Date _____

I do not accept this request _____ Date _____