Psychotherapy Notes Authorization Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

A psychotherapy notes authorization is the standalone HIPAA authorization required before a practice may use or disclose psychotherapy notes, the private process notes kept separate from the medical record (45 CFR 164.508(a)(2)). It cannot be combined with any other release. Most forms run one page.

1 – Name the notes, not the chart

the description core element

Do: describe the information as "psychotherapy notes," bounded by a session date range.
Pitfall: "all records" or "mental health records" does not reach notes the rule defines by their separateness.

2 – Keep the form standalone

the no-combination rule, 45 CFR 164.508(b)(3)(ii)

Do: put anything else the requester wants on a second, separate release form.
Pitfall: one combined form fails for the notes even when it is valid for everything else it covers.

3 – Name discloser and recipient

two more core elements

Do: the clinician or practice holding the notes releases them; the recipient is a specific person or organization with contact details.
Pitfall: catch-alls like "any treating provider" invite over-disclosure and bounce at the privacy office.

4 – Purpose and expiration

an administrative line, not a clinical one

Do: "at the request of the individual" suffices when the client initiates; expire on a date or an event.
Pitfall: "none" or a blank expiration makes the authorization defective on its face.

5 – Print the three required statements

45 CFR 164.508(c)(2)

Do: right to revoke in writing with the procedure, no conditioning of treatment or payment, and the redisclosure warning.
Pitfall: statement blocks borrowed from older releases that drop the revocation procedure invalidate the form.

6 – Signature and authority

who may execute it

Do: the client signs and dates; a personal representative records the authority they sign under.
Pitfall: accepting a representative's signature without documenting the authority on or with the form.

Before you release

- [ ] "Psychotherapy notes" named, with a date range
- [ ] Nothing else authorized on the same form
- [ ] Expiration date or event present
- [ ] Three statements present, including how to revoke
- [ ] Recipient specific; purpose stated
- [ ] Signature dated; representative authority documented

Checking with AI

Give it the incoming request and the signed form. No clinical content is needed to validate an authorization.

> *"Check this psychotherapy notes authorization against HIPAA's required elements and flag anything missing, vague, or combined: …"*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

One page	5–10 min by hand	When notes are requested	Client · privacy officer · auditors
typical length	clinical team estimate	when it's used	who reads it

Full guide, sample form, and compliance notes:
bastiongpt.com/template/psychotherapy-notes-authorization

Psychotherapy Notes Authorization Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Standalone form under 45 CFR 164.508: it may not be combined with any other authorization. Use a separate release for all other records.

Client name: DOB:

Practice / clinician holding the notes:

Information to be released

Psychotherapy notes kept by the clinician named above; include the session date range

May be disclosed by:

May be released to

The specific recipient: name, organization, and contact details

Purpose: ☐ At the request of the individual · Other: This authorization expires (date or event):

Required statements

1. I may revoke this authorization in writing at any time, except where the practice has already acted on it. The revocation procedure is: _____
2. Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on signing this form.
3. Notes disclosed under this authorization may be redisclosed by the recipient and may no longer be protected by federal privacy law.

Client signature: Date signed:

Personal representative and authority (if applicable):