

AUTHORIZATION FOR RELEASE OF INFORMATION

Client: _____

DOB: _____

I am permitting: *Mena Abrams, LCSW* *John Crandell, PhD* *Carmela Crawford, LPC*
 Morgan Sutton, LPC *Kimberly Davis, LPC* *John Moore, LPC*
 Nell Kushlak, LCSW *Roxie Ostlund, LPC*

And _____

To exchange information regarding: Other: _____
Myself _____
My child _____
Client named above _____

Specific Information Requested: Other: _____
Progress note _____
Discharge summary _____
Psychological testing _____
Medical history _____
All pertinent information _____

For the purpose of: Other: _____
Treatment coordination _____
Reviewing prior treatment _____
Medical/medication review _____
Third party observation _____
Inclusion of disclosed information in formal written reports _____

This authorization expires one year from the date of signature.

As the person signing this consent, I understand that I am giving my permission to Psychotherapy Associates and the other named party for disclosure of my confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not re-disclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law. While there can be no guarantee that any recipient will protect this information in accordance with HIPAA Privacy Rules, there is the following prohibition on redisclosure: This information has been disclosed from records whose confidentiality is protected by federal law. Federal Regulation 42 CFR, Part 2, prohibits any further disclosure without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.

Signature of Client or Legal Guardian: _____ Date: _____