

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

1. Client Information

Last Name _____ First Name _____

DOB: ___/___/___

Address:

Home Phone: _____

Cell/Work Phone: _____

Email Address: _____

2. Recipient Information

I, _____, do hereby authorize Adelaide Fulconis LMFT to release confidential information including but not limited to history, functioning, symptoms, diagnoses, treatment interventions and responses, etc. I understand that the purpose of this exchange of information is generally assessment, treatment planning and/or case coordination with other providers.

Name of person/facility to receive medical information:

_____ Phone: _____

Address:

Date of Authorization: ___/___/___

Authorization to expire on ___/___/___ or upon the happening of the following event:

3. Information to be Released

- My entire mental health record
 Only those portions pertaining to:
-

4. Purpose of Information Release:

- Further mental health care Payment of insurance claim
 Legal investigation Applying for insurance
 Vocational rehab, evaluation Disability determination
 At the request of the individual
 Other(specify): _____

5. Authorization and Signature

I authorize the release of my confidential protected health information, as described in my directions above. I understand that I may revoke this release, in writing, at any time, except to the extent that it has already been acted upon. I understand that this authorization is voluntary, that the information to be disclosed is protected by law, and the use/disclosure is to be made to conform to my directions. The information that is used and/or disclosed pursuant to this authorization may be re-disclosed by the recipient unless the recipient is covered by state laws that limit the use and/or disclosure of my confidential protected health information.

Signature

Date

If signed by a personal representative: (a) Print your name:

_____ (b) Indicate your relationship to the client and/or reason and legal authority for signing.

Patient is: minor incompetent disabled deceased

Legal authority: parent legal guardian representative of deceased