**Authorization for Use or Disclosure of**

**Protected Health Information**

# Client Information

Client Last Name First Name MI

DOB: / /

Client Address:

Client Home Phone: Cell/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Email Address:

# Recipient Information

I, , do hereby authorize to release a copy

of my mental health information to the person or facility below.

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:

**Information to be Released** (*Note: Requests for release of psychotherapy notes cannot be combined with any other type of request.*)

* Mental health record
* Only those portions pertaining to:

(Specific provider name and/or dates of treatment)

* Authorization for Psychotherapy Notes ONLY (Important: If this authorization is for Psychotherapy

Notes, you must not use it as an authorization for any other type of protected health information.)

* Other:

# Purpose of Information Release:

* Further mental health care □ Legal investigation □ Vocational rehab, evaluation
* Disability determination □ At the request of the individual
* Other (specify)

# Authorization and Signature

I authorize the release of my confidential protected health information, as described in my directions above. 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:

1. Print your name:
2. 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 decea