

## [YOUR NAME] Authorization For Release of Information

I, \_\_\_\_\_ (client), hereby authorize [YOUR NAME] and  
\_\_\_\_\_ (name), at \_\_\_\_\_ (telephone)  
to exchange information.

The type of information to be disclosed:

Evaluations _____	Medical/Hospital Records _____
Diagnosis _____	Psychological/Medical Test Results _____
Treatment Plan _____	Psychotherapy Notes _____
Course of Treatment _____	Mental Health Record Summary _____
Other (please describe) _____	

The purpose of such disclosure:

Ongoing Treatment _____	Transfer _____
Evaluation _____	Health Benefit Utilization _____
Coordination of Care _____	Consultation _____
Medical Care _____	Legal issues _____
Other (please describe) _____	

The designated information about me ( ) may ( ) may not be transmitted by fax, electronic mail or other electronic file transfer mechanisms. [YOUR NAME] and the above designated person ( ) may ( ) may not discuss by telephone the content of the information released.

This consent is in effect until \_\_\_\_\_.

I understand that I may revoke this authorization, in writing, at any time unless action based on it has already take place. I hereby release all parties stated herewith from any liability resulting from the release of this information. I agree that a photocopy of this release shall be as valid as the original. I understand that my communications in therapy are protected under federal and state confidentiality regulations and cannot be disclosed without my written authorization. The information provided by a client during therapy sessions is legally confidential in the case of li-censed marriage and family therapists, except for certain legal exceptions. In general, these ex-ceptions pertain to matters of danger to self or others, and to assault or neglect of children.

I further understand that the potential exists for re-disclosure of my private mental health infor-mation, and that it may no longer be protected under the HIPAA privacy regulations. This is to certify that I have given consent freely and voluntarily, and that the benefits and disad-vantages of releasing the information, if known, have been explained to me.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAK-  
ING ANY FURTHER DISCLOSURES OF THIS INFORMATION