## Authorization for Use or Disclosure of Protected Health Information

Client Information							
Client Last Name	First Name	MI					
DOB:/							
Client Address							
Client Home Phone:	lient Home Phone: Cell/Work Phone:						
Client Email Address:							
Recipient Information							
I, do	hereby authorize	to release a copy					
I,, do of my mental health information to the	ne person or facility below.						
Name of person/facility to re	ceive medical information:						
Phone:							
Address.							
Date of Authorization://							
Date of Authorization:/_/_ Authorization to expire on/_/_	or upon the happening of t	he following event:					
Information to be Released with any other type of request.)	e: Requests for release of psychol	herapy notes cannot be combined					
☐ My entire mental health record							
□ Only those portions pertaining to:							
	(Specific provider name a	nd/or dates of treatment)					
☐ Authorization for Psychotherapy N Notes, you must not use it as an authorization							
□ Other:							
D 41.4 4 D1							
Purpose of Information Release:  □ Further mental health care	☐ Payment of insurance claim	□ Lagel investigation					
□ Applying for insurance	□ Vocational rehab, evaluati						
☐ 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.

	Sign	ature			Date		
-	by a personal r	•					
` /	Print your name				_		
(b) Indicate your relationship to the client and/or reason and legal authority for signing:							
F	Patient is:	□ minor	□ incompetent	□ disabled	□ deceased		
I	Legal authority:	□ parent	□ legal guardian	□ representative of	f deceased		