Untangled Counseling

Authorization to Release Information

This form when completed and signed by you, authorizes Shirley Valk to release protected information from your clinical record to the person you designate and the **designated person** to release information to Shirley Valk. A different form must be completed for each person you are designating.

I, _____ (print name), DOB _____, authorize my therapist Shirley Valk and/or administrative and clinical staff at Untangled Counseling and the designated person to release:

_____ Billing Information
_____ Treatment Plans
_____ Intake Evaluation
_____ Discharge Summary
_____ Progress Notes
_____ Other (Please Specify: _____)

Please specify any limitations for this release or any information you do NOT authorize me to release:

_____

_____

This information should only be released to and from:

Name: _____
(First) (Last)

Address: _____
(Number) (Street)

_____
(City) (State) (Zip)

Phone: (_____) _____

I am requesting my therapist to release this information for the following reasons:

_____

At the request of the individual (All that is required if you are my patient and you do not desire to state a specific purpose.)

I understand that my therapist cannot re-disclose information received from another health care provider unless that other provider permits it.

This authorization shall remain in effect for one year from the date of the form.

You have the right to revoke this authorization in writing at any time by sending such written notification to Untangled Counseling. However, your revocation cannot be retroactive, and the revocation will not be effective if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule.

_____ _____
Signature Witness

_____ Shirley Valk
Client Name (Printed) Witness Name (Printed)

_____ _____
Date Date