

# Authorization to Release or Obtain Patient Records/Payment Information

<b>Person or Organization Requesting to Receive/Disclose Information:</b>	<b>Person or Organization Receiving/Disclosing Information:</b>
Alison Sanderson, MA, LPC 1513 Walnut St., Suite 15 Cary, NC 27511 919-999-3090 alison@sandersoncounseling.com	Name: _____ Group Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Fax: _____ e-mail address: _____

**Patient Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to RELEASE my protected health information (PHI) to :

I hereby authorize \_\_\_\_\_ to OBTAIN my protected health information (PHI) from :

**Specific Description of the Information to be Disclosed:**

- Treatment Plan,  Progress Summary,  Medical Report,  Discharge Summary
- Psychological Testing /Results Summary,  Safety Plan,  Vocational Testing Results/Summary
- Criminal Record Report,  Forensic Report,  Incident Report – law enforcement agency,
- Individualized Education Plan,  Other \_\_\_\_\_
- I give permission for the above person(s) or organization to discuss or attend meetings for educational treatment planning/discharge planning.

**Purpose of this Request:**

- Planning Appropriate Treatment or Program,  Continuing Appropriate Treatment or Program
- Coordination of Services,  Determining Eligibility for Benefits,  Case Review,  Update Files,
- Referral /Transfer of Case,  Other \_\_\_\_\_

I understand that I have the right to refuse to authorize the disclosure and that I can revoke the authorization in writing whenever I choose. Any information disclosed prior to the revocation will not be covered by the revocation.

<b>Patient Signature</b>	<b>Date</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
Alison Y. Sanderson, MA, LPC	<b>Date</b>		

This release will expire:  at the termination of therapy, or  one year.

**PROHIBITION ON REDISCLOSURE:** Any information disclosed to you from records whose confidentiality is protected under HIPAA may not be re-disclosed unless the client provides specific written consent for the subsequent disclosure. Any violation of the client's privacy is a violation of federal law.