

Authorization for Disclosure of Confidential Information

Samantha Dalene Garfinkel, MA, MFT
P.O. Box 552, Medford OR 97501

Addressed To: (Specify the agency/individual that will exchange information with the Samantha Dalene Garfinkel)

Name of Agency/Individual Phone Number

Address of Agency/Individual City/State/Zip code

Email Address of Agency/Individual (if available) Fax Number

Regarding:

Client Name Date of Birth

Requested Information (please check appropriate box):

All medical, educational, and/or psychological information including diagnosis and assessment results (may include document, records, and/or phone conversations).

Only the following records or type of information: _____

Please specify if any information is to be excluded: _____

Purpose of Request:

I hereby authorize Samantha Dalene Garfinkel, MA, MFT and the agency/individual indicated above to release and disclose educational, medical, and/or psychological information concerning myself, my child, dependent adult, or elder to each other.

A photocopy or facsimile of this form is to be considered as valid as the original.

I have read and understand the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not extend to information that was already obtained or released prior to the revocation.
- I have the right to receive a copy of this authorization as well as the information described in this form.
- Under certain circumstances the information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity according to Federal and State law and may no longer be protected.

I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization unless mandated by law.

Name of Client (please print) Date of Birth

Client Signature (or responsible representative) Print name of responsible party Today's Date