

*Hillary Brown, Master of Science in Clinical Mental Health Counseling, NCC
under the supervision of Leora E. Black, Ph.D., LCMHC, LMFT*

*Counseling Connection, PLC
525 Hercules Drive, Suite 1A
Colchester, Vermont 05446
802-264-5333, Fax 802-264-5338*

*Counseling Connection Training Institute, PLC
525 Hercules Drive, Suite 1A
Colchester, Vermont 05446
802-264-5333, Fax 802-264-5338*

This document is for clients being treated by Hillary Brown, Rostered Non-Licensed, Non-Certified Psychotherapist # 097.0132616; Post-Graduate Psychotherapist under the supervision of Leora E. Black, Ph.D.

Professional Disclosure

This document is to help clarify important aspects of your treatment and to represent an agreement between us. Your signature at the end of this document indicates your agreement with these policies.

Qualifications and Experience

I have worked with individuals from diverse populations with a wide range of presenting concerns. A great deal of my experience includes but is not limited to: chronic pain, anxiety and depression utilizing cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and mindfulness practice. I have a special interest in women's issues and often incorporate aspects of feminist therapy and existential therapy into my work with clients. I obtained a Master of Science in Clinical Mental Health Counseling from the University of Vermont in 2017. I completed two clinical internships throughout my graduate training, the first at the MindBody Medicine Clinic and the second at Seneca Center – both of which are affiliates of the University of Vermont Medical Center. I am Nationally Certified Counselor (NCC) recognized by the National Board of Certified Counselors (NBCC).

After Hours Availability

Please direct all non-emergency calls to my office voice mail at **(802) 264-5333 x120** during the week and after hours. Leave messages about cancellations, requests for services, etc.

During work or after hours, if you have a **clinical emergency (i.e., extreme behavioral situations, risk of suicide or bodily harm to you or another person)**, call your local crisis team. If you have a life-threatening situation, call **911**. **You may leave a message for me in my voicemail at any time, at extension 120.**

Chittenden County: First Call for Children and Families.....(802) 488-7777
Adult Crisis.....(802) 488-6400
Alcohol Crisis Team.....(802) 488-6425
Domestic Abuse Hotline.....(802) 658-1996
Dept. of Children and Families.....(802) 863-7370
Franklin County Crisis.....(802) 524-6554
Addison County Crisis.....1(800) 489 7273 or (802) 388-7641

People living outside Chittenden, Franklin, and Addison counties should consult their local listings for emergency service numbers.

Disputes or Complaints

Please discuss any concern you might have regarding your counseling or related issues directly with me at any time. I will make every reasonable effort to resolve disputes or conflicts in a satisfactory manner. If you would like to give my supervisor feedback, leave a message for Leora Black, PhD. at (802) 264-5333 ext. 101. The practice of Marriage and Family Therapy is governed by state law and the rules of the Board of Allied Mental Health Practitioners. It is unprofessional conduct to violate those rules. A copy of those rules may be obtained from the Board or online at <http://vtprofessionals.org/>. You have the right to lodge a formal complaint with the Board of Allied Mental Health Practitioners in the following manner: by calling (802) 828-2367 or/and by writing: Vermont Secretary of State, Office of Professional Regulation, Board of Allied Mental Health Practitioners, 89 Main Street, 3rd floor, Montpelier, Vermont, 05609-1106.

Office of Professional Regulation Notice

The Office of Professional Regulation provides Vermont licenses, certifications, and registrations for over 56,000 practitioners and businesses. Forty-six professions and occupations are supported and managed by this office. A list of professions regulated is found below. Each profession or occupation is governed by laws defining professional conduct. Consumers who have inquiries or wish to obtain a form to register a complaint may do so by calling (802) 828-1505, or by writing to the Director of the Office, Secretary of State's Office, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402. Upon receipt of a complaint, an administrative review determines if the issues raised are covered by the applicable professional conduct statute. If so, a committee is assigned to investigate, collect information, and recommend action or closure to the appropriate governing body. All complaint investigations are confidential. Should the investigation conclude with a decision for disciplinary action against a professional's license and ability to practice, the name of the license holder will then be made public. Complaint investigations focus on licensure and fitness of the licensee to practice. Disciplinary action, when warranted, ranges from warning to revocation of license, based on the circumstances. You should not expect a return of fees paid or additional unpaid services as part of the results of this process. If you seek restitution of this nature, consider consulting with the Consumer Protection Division of the Office of the Attorney General, retaining an attorney, or filing a case in Small Claims Court.

Accountancy	Psychoanalyst
Naturopaths	Electrolysis
Acupuncture	Psychology Professional
Nursing	Engineering
Architects	Psychotherapist, Non-licensed
Nursing Home Administrators	Funeral Service
Athletic Trainers	Radiologic Technology
Occupational Therapists	Hearing Aid Dispensers
Auctioneers	Real Estate Appraisers
Opticians	Land Surveyors
Audiologists	Landscape Architects
Optometry	Respiratory Care
Pharmacy	Marriage & Family Therapists
Motor Vehicle Racing	Social Workers
Chiropractic	Clinical Mental Health Counselors
Physical Therapists	Tattooists
Dental Examiners	Midwives, Licensed
Private Investigative & Security Services	Veterinary
Dietitians	Barbers & Cosmetologists
Property Inspectors	Osteopathic
Drug and Alcohol Counselor	Physicians and Surgeons

Chapter 78: Roster of Psychotherapists Who Are Non-licensed § 4090. Disclosure of Information The board shall adopt rules requiring persons entered on the roster to disclose to each client the psychotherapist's professional qualifications and experience, those actions that constitute unprofessional conduct, and the method for filing a complaint or making a consumer inquiry, and provisions relating to the manner in which the information shall be displayed and signed by both the rostered psychotherapist and the client. The rules may include provisions for applying or modifying these requirements in cases involving institutionalized clients, minors and adults under the supervision of a guardian.

The Vermont Statutes Online

Title 3: Executive Chapter 5: SECRETARY OF STATE Sub-Chapter 3: Professional Regulation 3 V.S.A. § 129a.

Unprofessional conduct (a) In addition to any other provision of law, the following conduct by a licensee constitutes unprofessional conduct. When that conduct is by an applicant or person who later becomes an applicant, it may constitute grounds for denial of a license or other disciplinary action. Any one of the following items, or any combination of items, whether or not the conduct at issue was committed within or outside the State, shall constitute unprofessional conduct: (1) Fraudulent or deceptive procurement or use of a license. (2) Advertising that is intended or has a tendency to deceive. (3) Failing to comply with provisions of federal or state statutes or rules governing the practice of the profession. (4) Failing to comply with an order of the board or violating any term or condition of a license restricted by the board. (5) Practicing the profession when medically or psychologically unfit to do so. (6) Delegating professional responsibilities to a person whom the licensed professional knows, or has reason to know, is not qualified by training, experience, education, or licensing credentials to perform them, or knowingly providing professional supervision or serving as a preceptor to a person who has not been licensed or registered as required by the laws of that person's profession. (7) Willfully making or filing false reports or records in the practice of the profession; willfully impeding or obstructing the proper making or filing of reports or records or willfully failing to file the proper reports or records. (8) Failing to make available promptly to a person using professional health care services, that person's representative, or succeeding health care professionals or institutions, upon written request and direction of the person using professional health care services, copies of that person's records in the possession or under the control of the licensed practitioner, or failing to notify patients or clients how to obtain their records when a practice closes. (9) Failing to retain client records for a period of seven years, unless laws specific to the profession allow for a shorter retention period. When other laws or agency rules require retention for a longer period of time, the longer retention period shall apply. (10) Conviction of a crime related to the practice of the profession or conviction of a felony, whether or not related to the practice of the profession. (11) Failing to report to the office a conviction of any felony or any offense related to the practice of the profession in a Vermont District Court, a Vermont Superior Court, a federal court, or a court outside Vermont within 30 days. (12) Exercising undue influence on or taking improper advantage of a person using professional services, or promoting the sale of services or goods in a manner which exploits a person for the financial gain of the practitioner or a third party. (13) Performing treatments or providing services which the licensee is not qualified to perform or which are beyond the scope of the licensee's education, training, capabilities, experience, or scope of practice. (14) Failing to report to the office within 30 days a change of name or address. (15) Failing to exercise independent professional judgment in the performance of licensed activities when that judgment is necessary to avoid action repugnant to the obligations of the profession. (b) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or unacceptable patient or client care; or (2) failure to conform to the essential standards of acceptable and prevailing practice. (c) The burden of proof in a disciplinary action shall be on the State to show by a preponderance of the evidence that the person has engaged in unprofessional conduct. (d) After hearing, and upon a finding of unprofessional conduct, a board or an administrative law officer may take disciplinary action against a licensee or applicant, including imposing an administrative

penalty not to exceed \$1,000.00 for each unprofessional conduct violation. Any money received under this subsection shall be deposited in the Professional Regulatory Fee Fund established in section 124 of this title for the purpose of providing education and training for board members and advisor appointees. The Director shall detail in the annual report receipts and expenses from money received under this subsection. (e) In the case where a standard of unprofessional conduct as set forth in this section conflicts with a standard set forth in a specific board's statute or rule, the standard that is most protective of the public shall govern. (Added 1997, No. 40, § 5; amended 2001, No. 151 (Adj. Sess.), § 2, eff. June 27, 2002; 2003, No. 60, § 2; 2005, No. 27, § 5; 2005, No. 148 (Adj. Sess.), § 4; 2009, No. 35, § 2; 2011, No. 66, § 3, eff. June 1, 2011; 2011, No. 116 (Adj. Sess.), § 5.)

§ 3271. Unprofessional conduct: Clinical Mental Health Practitioner

(a) Unprofessional conduct means the following conduct and conduct set forth in 3 V.S.A. § 129a. (1) using dishonest or misleading advertising; (2) misusing a title in professional activity; (3) conduct which evidences unfitness to practice clinical mental health counseling; (4) engaging in any sexual conduct with a client, or with the immediate family member of a client, with whom the licensee has had a professional relationship within the previous five years; (5) harassing, intimidating, or abusing a client; (6) entering into an additional relationship with a client, supervisee, research participant or student that might impair the licensed clinical mental health counselor's objectivity or otherwise interfere with the clinical mental health counselor's professional obligations; (7) independently practicing outside or beyond a clinical mental health counselor's area of training, experience or competence without appropriate supervision. (8) using conversion therapy as defined in 18 V.S.A. § 8351 on a client younger than 18 years of age. (b) After hearing, and upon a finding of unprofessional conduct, the board may take disciplinary action against a licensed clinical mental health counselor or applicant. (Added 1987, No. 245 (Adj. Sess.), § 1; amended 1993, No. 98, § 17; 1993, No. 222 (Adj. Sess.), § 10; 1997, No. 40, § 57; 1997, No. 145 (Adj. Sess.), § 53; 2007, No. 29, § 45; 2015, No. 138 (Adj. Sess.)

Agreements of Financial Responsibility for Clients

I, client/guardian, agree to contact my insurance carrier to review available coverage and to be fully responsible for all charges that are not covered by my insurance. I understand such charges would include deductibles, co-payments, as well as fees for telephone consultation, report preparation, school meetings/consultations, late cancellations or missed sessions, and/or sessions contracted for beyond those certified by my managed care system. I understand that my managed care company or insurance company may require a review of clinical information, or other information to verify benefits and assist in claims in order to pay for services, and I give Hillary Brown, M.S., NCC permission, under the supervision of Leora Black, Ph.D. and/or the clinician's billing agent to provide such information. I hereby authorize my insurance benefits to be paid directly to Counseling Connection Training Institute, and acknowledge that I am financially responsible for any unpaid balance. I understand that a full 24 hour notice is required for cancellation of appointments and **that a fee of \$50.00 will be charged directly to me for missed appointments for which I have not given a full 24-hour notification.** A collection agency will be used if outstanding balances are not paid with 30 days of being issued. I understand that this fee must be paid by me and that my insurance will not cover it. Clients with primary or secondary Medicaid insurance cannot be charged this fee. If you are ill, there is a natural disaster, or weather would not permit safe transportation to the appointment, this fee will be waived.

Informed Consent

Confidentiality

Your psychotherapy services and records are confidential, however, limits to this confidentiality do exist and include: minors or other persons with a legal guardian (information may be released to the legal guardian), imminent danger to self (e.g. suicide risk), danger to others, suspicion of abuse or neglect toward a child or vulnerable adult, or/and under court order. If you have signed a release with an insurer, the insurer may request such information as diagnosis, treatment plan, and general course of treatment.

However, it is important to note that some insurers may request release of more detailed or sensitive information. Please discuss with me any concerns you may have about such disclosure. I may occasionally find it helpful to consult with other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential. I also have regularly scheduled confidential meetings with my supervisor, Leora Black, to discuss and review my cases and notes.

Treatment

I understand that my participation in therapy is completely voluntary, and that I may terminate treatment at any time. The goals of my treatment have been agreed upon with my provider. I understand that I may negotiate changes in these goals at any time. There are possible advantages and disadvantages of participating in psychotherapy and a positive outcome is not guaranteed. During the process of therapy you could face and work through difficult emotions, fears, or experiences. Therapy might also have unanticipated relationship consequences. For instance, some persons undergoing individual therapy may find their growth through the therapeutic process, sometimes to the point of yielding a relationship break-up.

Client Disclosure and Consent Confirmation

My signature acknowledges that I have been given a copy of the Professional Qualifications and Experience of Hillary Brown, M.S., NCC, under the supervision of Leora E. Black, Ph.D., LMFT, LCMHC, a statement of after-hours availability, financial agreement, as well as a listing of actions that constitute unprofessional conduct according to Vermont statutes. I have also been informed of the methods for making a consumer inquiry for filing a complaint with the Office of Professional Regulation. In addition, I have reviewed copies of an informed consent statement, HIPAA, and permission to release information to the client's primary care physician

ALL CLIENTS OVER 18 need to sign after reading disclosure*

I hereby give permission for Hillary Brown, M.S., NCC, under the supervision of Leora Black, Ph.D. to treat _____.
Minor(s)

*(Client or Parent/Guardian Signature) (Date)

*(Client or Parent/Guardian Signature) (Date)

(Clinician Signature) (Date)

Mental Health Report to Primary Care Physician

PATIENT _____ **PHYSICIAN** _____

DOB _____ **LOCATION** _____

TELEPHONE _____

Reason for referral: _____

Date(s) seen: _____

Assessment: _____

Plans: _____

I give permission to Hillary Brown, M.S., NCC, under the supervision of Leora E. Black, Ph.D. to communicate with my Primary Care Physician.

Mental Health Provider Signature: _____

_____ Date sent: _____

(Client signature/Parent/Guardian)

I decline authorization for Hillary Brown, M.S., NCC to communicate with my physician.

Client: _____ Date: _____

Counseling Connection, PLC and Counseling Connection Training Institute, PLC

525 Hercules Drive, Suite 1A, Colchester, Vermont 05446

(802)264-5333 (tel)

(802) 264-5338 (fax)

Counseling Connection, PLC
An Affiliation of Private Practitioners
And
Counseling Connection Training Institute, PLC

525 Hercules Drive, Suite 1A, Colchester, VT 05446
(802) 264-5333

VERMONT HIPAA NOTICE

Notice of Mental Health Counselor's Policies and
Practices to Protect the Privacy of Your Health
Information

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations

I may use or disclose your *protected health information (PHI)*, for *treatment, payment, and health care operations* purposes with your *consent*. To help clarify these terms, here are some definitions:

- “*PHI*” refers to information in your health record that could identify you.
- “*Treatment, Payment and Health Care Operations*”
 - *Treatment* is when I provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when I consult with another health care provider, such as your family physician or another psychologist.
 - *Payment* is when I obtain reimbursement for your healthcare. Examples of payment are when I disclose your PHI to your health insurer to obtain reimbursement for your health care or to determine eligibility or coverage.
 - *Health Care Operations* are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
- “*Use*” applies only to activities within my independent practice such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
- “*Disclosure*” applies to activities outside of my independent practice such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization

I may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “*authorization*” is written permission above

and beyond the general consent that permits only specific disclosures. In those instances when I am asked for information for purposes outside of treatment, payment and health care operations, I will obtain an authorization from you before releasing this information. I will also need to obtain an authorization before releasing your psychotherapy notes. “*Psychotherapy notes*” are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI.

You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization

I may use or disclose PHI without your consent or authorization in the following circumstances:

- **Child Abuse:** If I have reasonable cause to believe that a child has been abused or neglected, I am required by law to report such information within 24 hours to the Commissioner of Social and Rehabilitation Services or its designee.
- **Adult and Domestic Abuse:** If I have reasonable cause to believe that an elderly or disabled adult has been abused, neglected, or exploited, I am required by law to report this information to the Commissioner of Aging and Disabilities.
- **Health Oversight:** If I receive a subpoena for records from the Vermont Board of Allied Mental Health Practitioners in relation to a disciplinary action, I must submit such records to the Board.
- **Judicial or administrative proceedings:** If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is privileged under state law, and I must not release this information without written authorization from you or your legally appointed representative, or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. I will inform you in advance if this is the case.
- **Serious Threat to Health or Safety:** If I know that you pose a serious risk of danger to an identifiable victim, I am required by law to exercise reasonable care to protect such victim. This may include disclosing your relevant confidential information to those people necessary to address the problem. Also, I may disclose your confidential information if I judge disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by you on yourself or another person.

IV. Patient's Rights and Mental Health Counselor's Duties

Patient's Rights:

- *Right to Request Restrictions* You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, I am not required to agree to a restriction you request.
- *Right to Receive Confidential Communications by Alternative Means and at Alternative Locations* – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing me. Upon your request, I will send your bills to another address.)
- *Right to Inspect and Copy* – You have the right to inspect or obtain a copy (or both) of PHI in my mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. On your request, I will discuss with you the details of the request process.
- *Right to Amend* – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. I may deny your request. On your request, I will discuss with you the details of the amendment process.
- *Right to an Accounting* – You generally have the right to receive an accounting of disclosures of PHI regarding you. On your request, I will discuss with you the details of the accounting process.
- *Right to a Paper Copy* – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Mental Health Counselor's Duties:

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will have a copy posted on my bulletin board in my waiting room for you to look at.

V. Questions and Complaints

If you have questions about this notice, disagree with a decision I make about access to your records, or have other concerns about your privacy rights, you may contact me: Hillary Brown, M.S., NCC at (802) 264-5333 ext. 112 or my supervisor Leora E. Black, Ph.D., LMFT, LCMHC (802)-264-5333 ext. 101.

If you believe that your privacy rights have been violated and wish to file a complaint with *me/my* office, you may send your written complaint to Leora E. Black, Ph.D., Counseling Connection, 525 Hercules Drive, Suite 1A, Colchester, VT 05446.

You may also send a written complaint to the Vermont Secretary of State, Office of Professional Regulation, 89 Main Street, 3rd floor, Montpelier, VT 05609. And you may send a written complaint to the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights.

You have specific rights under the Privacy Rule. I will not retaliate against you for exercising your right to file a complaint.

VI. Effective Date, Restrictions and Changes to Privacy Policy

This notice will go into effect on April 14, 2003.

I reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that I maintain. I will provide you with a revised notice by posting such a notice on the bulletin board in my waiting room.

Counseling Connection, PLC
An Affiliation of Private Practitioners
And
Counseling Connection Training Institute, PLC
525 Hercules Drive, Suite 1A
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(802) 264-5333

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

****You May Refuse to Sign This Acknowledgement****

I, (child's name if client) _____, have received a copy of this mental health practitioner's Notice of Privacy Practices.

Please Print Name (parent or guardian if child is client)

Signature

Date

Please Print Name

Signature

Date

Please Print Name

Signature

Date

Please Print Name

Signature

Date

FOR OFFICE USE ONLY:

- I. Individual refused to sign
- II. Communication barriers prohibited obtaining the acknowledgement
- III. An emergency situation prevented us from obtaining acknowledgement
- IV. Other (Please Specify)

Counseling Connection, PLC and Counseling Connection Training Institute, PLC

Billing Information

Client's Last Name: _____ First Name: _____
Mailing Address: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home #: _____ Work #: _____ Date of Birth: _____
Emergency Contact and Telephone Number: _____
Gender: M / F; Transgender M-F / F-M; Alternative gender identity _____
Marital/Partner Status: _____ Referred by: _____

Billing Information

Name of Responsible Party (if other than self): _____
Address: _____ City: _____ Zip: _____
Phone: _____ Relationship: _____

Insurance Information

Insurance I: _____ Co-pay Amount: _____
Insurance Mailing Address: _____
Subscriber Name: _____ Relationship: _____
Certificate/ID#: _____ Group#: _____
Pre-Authorization #: _____ Date Auth starts/ends: _____ / _____

*****copy of your insurance card front and back; call and get authorization from your insurance company**

Secondary Insurance

Insurance II: _____ Co-pay Amount: _____
Insurance Mailing Address: _____
Subscriber Name: _____ Relationship: _____
Certificate/ID#: _____ Group#: _____
Pre-Authorization #: _____ Date Auth starts/ends: _____ / _____

Clinician: Hillary Brown, Rostered, Non-Licensed, Non-Certified Psychotherapist under the supervision of Leora E. Black, Ph.D. Hourly Fee: \$150.00 Initial Session / \$150.00 Return Visit; Court fee: \$250 per hour for preparation, reports, and court. Interns: Medicaid, BCBS, MVP or fee for service.

Is condition related to employment? _____ Auto Accident? _____ Other Accident? _____

Diagnosis: _____

I authorize the release of any medical/mental health information or personal information on this form to process this claim. I understand if I refuse to pay the outstanding balance that Hillary Brown or Leora Black, Ph.D. has the right to take me to small claims court to recover balance due.

Signature: _____ Date: _____

525 Hercules Drive, Suite 1A, Colchester, VT 05446
Tel: (802) 264-5333 Fax: (802) 264-5338

AUTHORIZATION FOR THE RELEASE OR EXCHANGE OF INFORMATION

Patient Name: _____ DOB: ____ / ____ / ____

I hereby authorize Hillary Brown to communicate with the following person(s) to:

- obtain information from
- release information to:

:

Name: _____

Address: _____

Telephone and Fax: _____

Specific information to be disclosed is:

- Psychiatric admission and discharge summaries including treatment plans
- Psychological evaluation records
- Psychiatric evaluation records
- Vocational/educational records
- Alcohol/drug evaluation including treatment history
- Outpatient mental health treatment summaries
- Medical history including problem list and medication list
- Crisis intervention reports
- Legal information including relevant court/agency documents
- Other: _____

For the purpose of:

- Facilitation of outpatient treatment and planning
- Coordination of treatment among outpatient treatment providers
- other: _____

With the understanding that:

1. I may revoke this release in writing at any time, except to the extent that action has already been taken.
2. Further disclosure of information provided by this release may not be made without my written consent, or as otherwise restricted by Federal Regulations (42 Code of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment and Patient Records).
3. A photocopy of this document is as valid as the original.

Unless revoked sooner, this release expires:

- One year from this date
- One month post discharge from therapy
- Other: _____

Patient or Guardian Signature

Date