



Counseling Center of Montgomery County PLLC

HIPAA AUTHORIZATION FORM

I, _____, whose date of birth is _____ authorize Rebecca Smith, MA, LPC-S to disclose to and/or obtain from _____, whose address is _____ phone number: _____ fax number: _____ the following information in regard to:

Description of Information to be Disclosed:

(Client should initial each item to be disclosed.)

- | | |
|--|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Testing Information |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Psychosocial Evaluation | <input type="checkbox"/> Presence/Participation in Treatment |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Continuing Care Plan |
| <input type="checkbox"/> Treatment Plan or Summary | <input type="checkbox"/> Progress in Treatment |
| <input type="checkbox"/> Current Treatment Update | <input type="checkbox"/> Entire Record |
| <input type="checkbox"/> Other _____ | |

In addition, I authorize that this will include health information relating to (check if applicable):

- HIV/AIDS Test Results/Treatment
- Drug, Alcohol or Substance Abuse Records (Including those covered under 42 CFR part 2)

Purpose

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify:

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Rebecca Smith, MA, LPC-S at the above address. I understand that prior actions taken in reliance on this authorization by entities that had permission to access my health information will not be affected

Effective Time Period/Expiration

This authorization is valid until the earliest of following: the occurrence of death of the individual; the individual reaches the age of maturity; permission is revoked in writing; 120 days from the date of signing; or the following specific date:

Month _____ Day _____ Year _____

