



Psychological
& Family
Consultants, Inc.

**AUTHORIZATION TO OBTAIN AND DISCLOSE
PROTECTED HEALTH INFORMATION**

4572 Dressler Road N.W. • Canton, Ohio 44718 • Answering Service 330-493-4220 • Fax 330-493-8850

☐ Copy to Patient

Date : _____

PATIENT INFORMATION:

Name: _____

DOB: _____ SSN: _____

I authorize the below referenced provider of Psychological and Family Consultants, Inc. to
☐ release, ☐ receive, ☐ both release and receive the requested information:

Name of therapist

This information can be released to or received from:

Agency/Provider: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

The information to be disclosed, obtained, or consulted on:

☐ Treatment Summary ☐ Progress/Case Notes ☐ Test Results

☐ Complete Medical Record ☐ Other _____

☐ Intake Information _____

The dates of care to be included are: _____

I understand that the above release is EFFECTIVE UNTIL _____.

After this date no additional information may be used or released until a new authorization is signed. This release can be revoked or cancelled at any time with written notification. Should this be done, it will prevent any future release of information, but will not change the fact that information may have already been released prior to that date. I am aware that I may inspect and have a copy of the health information described in this authorization. I understand that if the person or entity that receives this information is not a health care provider covered by federal privacy regulations, the information may be redisclosed and no longer protected by the HIPAA Privacy Rule.

I affirm that everything in this form is clear and has been fully explained.

Signature of Client (or Personal Representative) _____

Name of Client (or Personal Representative) _____

Relationship to Client (self, parent, guardian) _____

Witness _____

I, a mental health professional, have discussed the issues above with the client. My observations of his/her behavior and responses give me no reason to believe that this person is not fully