



## DR THALIA MOSHOS

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### Authorization for Release of Information

I, \_\_\_\_\_ hereby authorize Thalia P. Moshos to disclose and/or obtain  
Client Name

from \_\_\_\_\_  
Person or Organization Phone Email

the following information:

___ Evaluations	___ Test Results	___ Discharge Summary
___ Diagnosis	___ Psychological/Medical	___ Course of Treatment
___ Medical/Hospital	___ Treatment Plan	___ Continuing Care Plan
___ Records	___ Current Treatment Update	___ Other _____

**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.

**Revocation:** This consent is in effect until \_\_\_\_\_. I understand that I have a right to revoke this authorization, in writing, at any time unless action based on it has already taken place.

I hereby release all parties stated herewith from any liability resulting from release of this information.

I agree that a photocopy of this release shall be as valid as the original.

I understand that my communications in therapy are protected under federal and state confidentiality regulations and cannot be disclosed without my written authorization.

The information provided by a client during therapy sessions is legally confidential in the case of licensed professional counselors, except as provided in section 12.43.218 CRS and except for certain legal situations. In general, these exceptions pertain to matters of danger to self or others, and to assault or neglect of child or elder.

I understand that the potential exists for re-disclosure of my private mental health information, and that it may no longer be protected under the HIPPA privacy regulations.

This is to certify that I have given consent freely and voluntarily.

Benefits and disadvantages of releasing the information, if known, have been explained to me.

_____	_____
Signature of Client	Date

_____	_____
Signature of Legal Guardian or Personal Representative	Date

_____	_____
Thalia P. Moshos, PsyD	Date