



Megan Gillespie, LCSW
PLLC

Authorization for Release of Protected Health Information

CLIENT INFORMATION:

Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____

I, _____ (parent/guardian), consent to the release of privileged information for _____ (client) and waive the privilege of confidentiality for medical and mental health care, and authorize Megan Gillespie, LCSW, PLLC to communicate with the individual(s) listed below to exchange information for the purpose of clarifying and enhancing my care and treatment.

Please check one or both of the following:

To obtain from _____ To disclose to _____

Name of Person/Facility: _____

Address: _____

City, State, Zip Code: _____

Phone/Fax Number: _____

Relationship to client: _____

SPECIFIC INFORMATION AUTHORIZED (Please check all that apply):

- Dates/Times of Service Treatment Plan(s) Progress Notes
 Evaluation/Assessment Diagnostic Impression Verbal Discussion of Care
 Other (Please specify): _____

PURPOSE OF AUTHORIZED INFORMATION (Please check all that apply):

- Planning appropriate psychotherapy treatment and/or program
 Continuity of Care
 Referral
 Other (Please specify): _____

I authorize the use/disclosure of the information described above to the person identified to fulfill the purpose identified in this document.

I understand that my records are protected under federal and state laws, and cannot be disclosed without a written consent, except as specifically stated by law. This authorization is entirely voluntarily. Unless otherwise specified, this authorization will expire one year from the date of signature. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

This authorization is subject to revocation in writing by the undersigned.

Client Signature

Date

Parent/Guardian Signature

Date

Megan Gillespie, LCSW, PLLC

Date