

Jordana Nolan Psychotherapy

AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION

Patient/Client _____ Date of Birth _____ Record # _____

Address _____ Tel # _____

I authorize _____ to _____ obtain from _____ release to _____ communicate with

Name/Facility _____

Address _____ Tel# _____

Fax# _____

For treatment dates from _____ to _____

I hereby acknowledge that I fully understand the above statements as they apply to me and and that my records cannot be disclosed without my written consent, except as otherwise specifically provided by the law. I understand that by law, I need not consent to the release of this information, but I choose to do so voluntarily.

Please release the following: _____ entire record OR....

_____ Treatment summary: _____ admission note: _____ treatment

plan _____ consults _____ progress notes _____ physical

exams _____ medication notes _____ lab reports _____ psychological tests _____

other _____

this information is needed for : (check all that apply)

_____ coordination of ongoing treatment

_____ aftercare

_____ referral

_____ other

I further release _____ from all legal responsibility or liability that may arise from this disclosure and I understand that I may revoke my consent at any time, unless action on this release has begun in good faith

This authorization expires 1 year from the date signed unless otherwise noted

The information to be disclosed includes confidential information as initialed below:

____mental health evaluation/treatment

____alcohol/drug abuse treatment **

____other

____HIV test results

____Sexually transmitted infections

____patient/client
signature relationship to patient

witness signature date_____

**note: this information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of health or other information is NOT sufficient for this purpose.