

Authorization for Disclosure of Protected Health Information
Psychotherapy Notes Only

I, _____, authorize the disclosure of my protected health information,¹ as described herein. I understand that this authorization is voluntary and made to confirm my direction. I understand that, if the person(s) or organization(s) that I authorize to receive my protected health information are not subject to federal and state health information privacy laws,² subsequent disclosure by such person(s) or organization(s) may not be protected by those laws.

1. I authorize the following person(s) and/or organization(s) to disclose my protected health information (as specified below)

2. I authorize the following person(s) and/or organization(s) to receive my protected health information, as disclosed by the person(s) and/or organization(s) above.

Name(s): _____
Organization(s): _____
Address : _____

3. Specific descriptions of the protected health information that I authorize for disclosure:

- All protected health information (PHI) in my medical file
- All other documents in my file other than PHI
- Copies of all billings for services rendered

4. Specific description of the purpose for each use or disclosure (or write "At the request of the individual" in this space):

At the request of this individual for legal purposes

5. I understand that I may revoke this authorization in writing at any time, except to the extent that the person(s) and/or authorization(s) named above have taken action in reliance on this authorization.

6. This authorization expires six (6) months from the date stated below, or in the event that my legal case is concluded, whichever occurs first.

I have had the opportunity to read and consider the contents of this authorization. I confirm that the contents are consistent with my direction, and that a photocopy of this 2-page form is as valid as the original to allow release of my records.

Signed _____ Date: _____

Name: _____
Address: _____

Telephone: _____
D.O.B.: _____
Social Security Number: _____

¹Protected health information (PHI) is health information that is created or received by a health care provider, health plan, or health care clearinghouse which relates to: 1) the past, present, or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45 C.F.R. 164.508.

²These laws apply to health plans, health care providers, and health care clearinghouses.