Consent for Release of Information

I, _____ hereby authorize the exchange of information between Jennifer Finger, MSW, LCSW to use or disclose the protected health information (PHI) described below to the person and for the purpose set forth below.

1. The person(s) or entity to receive the PHI:

Name:
Address:

Phone:
Fax:

2. The type of information (PHI) which I authorize to be used or disclosed is:

Medical/Mental Health Records
- ◊ Evaluations
- ◊ Treatment Plan
- ◊ Mental Health Treatment Summary
- ◊ Diagnosis
- ◊ Course of Treatment
- ◊ Phone conversations
- ◊ Other _____

3. For the purpose of:

- Ongoing Treatment
- Evaluation
- Consultation
- Coordination of Care
- Medical Care
- Legal Issues
- Other _____

This authorization is in effect until either the following date or event: _____, at which time this release will expire. I understand that I may revoke the authorization, in writing, at any time, by notifying the releasing organization, but my revocation will not affect any releases made or other actions taken before the date of my revocation.

I understand that the designated information about me may be sent by mail or delivery service, transmitted by fax, electronic mail or electronic file transfer mechanism, or exchanged verbally unless otherwise restricted by me. I agree that a photocopy or fax of this authorization shall be as valid as the original.

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

Signature of Client (ages 15 and older) _____Date _____

Parent/Guardian _____Date _____

Therapist Signature _____ Date _____

NOTICE TO RECIPIENT: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. It may also be conversed under 42 CFR Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records." Federal regulations prohibit you from making any further disclosure of this information except with 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 medical or other information is not sufficient for this purpose.