Melanie Stone PhD HSPP

AUTHORIZATION FOR RELEASE OR EXCHANGE OF INFORMATION

This authorization allows Dr. Stone and the person or organization named below to release, obtain, or exchange protected health information as specified on this form.

Client name: _____ Date of birth: _____

Parent/guardian (if applicable): _____ Relationship: _____

Please check all that apply:

☐ Release information FROM Dr. Stone TO the person/organization below

☐ Obtain information FROM the person/organization below

☐ Exchange information in BOTH directions

Name/Organization: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email/Fax: _____

Information Authorized for Release or Exchange

Please check all that apply:

☐ Diagnosis ☐ Treatment summary/progress ☐ Medications

☐ Psychological testing/records ☐ Attendance/appointment information ☐ Recommendations

☐ School/academic records ☐ Reason for termination/discharge ☐ Other_____

Purpose of Disclosure

☐ Coordination of treatment ☐ Physician referral ☐ School collaboration

☐ Court/legal requirement ☐ Evaluation ☐ Other: _____

Expiration

This authorization expires on: _____ or upon the following event/condition:_____

Your Rights and Important Information

- I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on it.
- I understand that information disclosed under this authorization may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule.
- I understand that treatment generally will not be conditioned on my signing this authorization, except when services are provided specifically to create health information for a third party or as otherwise permitted by law.
- I understand that I am entitled to a copy of this signed authorization.

Authorization

By signing below, I authorize the release, receipt, and/or exchange of information described above.

Client signature: _____ Date: _____

Parent/Guardian signature (if applicable): _____ Date: _____

Printed name: _____