Authentic Life Transitions, LLC

Stephany Lynne Mahaffey, PhD

Consent for Release of Information

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations. Both spouses in a marital counseling situation must sign the records release form to release information. All patients age 12 years and over must sign the records release form to release information.

Client Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

Person(s)/Organization(s) providing the information: _____

Person(s)/Organization(s) receiving the information: _____

Address: _____

Phone: _____ Fax: _____

Method of Release (must check one): _____ Verbally only _____ Copies only _____ Both

The information to be released is: _____ My Counseling Records _____ My Child's Counseling Records

Specific description of the information:

_____ Assessment
_____ Diagnosis
_____ Progress Update
_____ Psychosocial Evaluation
_____ Treatment Summary
_____ Treatment Motivation
_____ Demographics
_____ Write a Letter

The client or the client's representative must read and initial the following statements:

1. I understand that this authorization will expire on _____ (DD/MM/YEAR) Initials: _____
2. I understand that I may revoke this authorization at any time by notifying the providing organization in writing, but if I do it won't have any effect on any actions they took before they received the revocation. Initials: _____

(Form must be completed before signing.)

_____ _____
Signature of Client or Client's Representative Date

_____ _____
Printed Name of Client's Representative Relationship to Client

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION. You may not use this form to release information for treatment or payment except when the information to be released is psychotherapy notes or certain research information.