

Authorization Form for Release of Confidential Information

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This form, when completed and signed by you, authorizes Grayce Gusmano, MMFT, LPC, to release, request, or exchange protected health information from your clinical record to the person or agency you designate.

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please Print

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Please initial the section that is appropriate

- Protected Health Information
Intake/Summary
Psychotherapy Notes
Psychological and/or Psychiatric exam
Testing Results
Thank you or referral letter
Other
Telephone consult

The information should only be discussed or released to (Name, phone number and address of person (s) to whom this information is to be released):

\_\_\_\_\_

I am requesting my therapist release this information for the following reasons ("at the request of the individual" is all that is required if you are my client and you do not desire to state a specific purpose):

\_\_\_\_\_

This authorization shall remain in effect until \_\_\_\_\_ (Date) and not to exceed one year from today's date

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address or delivering to me in person. However, your revocation will not be effective to the extent that I have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim or:

I understand that my therapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA Privacy Rule

Signature of Client
Printed Name Date

Signature of Spouse, Partner, Parent or Guardian
Printed Name Date