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**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)  
EDUCATIONAL INFORMATION (FERPA)**

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

I hereby authorize Dr. Kristina Vande Vrede to:  obtain only \_\_\_\_\_  release only \_\_\_\_\_  Exchange  
Records to/from:

Name: \_\_\_\_\_ Position/Role: \_\_\_\_\_

Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Specify the information to be Released /Obtained (*i.e. Psychiatric Evaluation, Progress Notes*)

Identify the purpose of the PHI/FERPA release (*i.e. Treatment Planning, Referral*)

This Authorization is in effect from \_\_\_\_\_ to date of termination or at any time client revokes this release.

If applicable, Date Revoked: \_\_\_\_\_, Signature: \_\_\_\_\_

If this request is made by a client after termination, this release is in effect from \_\_\_\_\_ (Date) for six months or at any time the former client revokes this release.

Date Revoked: \_\_\_\_\_ Signature: \_\_\_\_\_

The Patient or his/her Legally Authorized Representative understands the following conditions of this authorization:

- *Agrees to authorize the above named individual/organization to access his/her PHI/FERPA for the purposes stated.*
- *Authorizing the disclosure is voluntary and he/she has the right to refuse.*
- *Refusal to sign the authorization will not necessarily jeopardize any organization's agreement to treat him/her.*
- *He/she may revoke this authorization by notifying his/her therapist or the WBMHC Privacy Officer in writing.*
- *If the authorization is revoked, it will not have any affect whatsoever on actions taken in reliance thereon prior to receiving the revocation.*
- *He/she is entitled to a copy of this authorization.*
- *This authorization will be maintained by West Bergen Mental Healthcare per applicable State and Federal Law.*

\_\_\_\_\_  
*Signature Client/Legal Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Children Over Age 14*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Witness/Relationship to Client*

\_\_\_\_\_  
*Date*