AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name	Client Name

I authorize Tamara McFarland, MS, LPC and the persons or entities listed below, or their representatives, to mutually release and disclose my health information.

I understand that by signing this General Authorization I am authorizing Tamara McFarland, MS, LPC to disclose my health information to the persons and entities listed below and that any health information or other confidential information in the possession of the persons and entities listed below may be disclosed to above mentioned clinic and program. My health information includes, without limitation, any records, reports, test results, opinions, assessments and any other information relating to medical, emotional, educational or psychological condition. Disclosure may also be made to describe my condition and progress and to discuss treatment. I further understand that my health information may be disclosed to any person or entity providing any payment for services I receive, including insurance companies and current or future bishops.

I understand that I may revoke this authorization at any time by sending a written notice of revocation to the therapist listed on this form. I understand that my revocation of this *General Authorization* will not affect a disclosure that Tamara McFarland, MS, LPC has already made under this authorization.

I understand that information used or disclosed under this authorization may be subject to re-disclosure by the recipient, and may no longer be protected by the confidentiality rules.

I waive any right of privacy that I may have in connection with the disclosures hereby authorized.

This authorization is only valid until _____ [fill in date], or until three months after my file is closed by the therapist.

Name	Phone or Email	Client Initials
Name	Phone or Email	Client Initials
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Name	Phone or Email	Client Initials
Name	Phone or Email	Client Initials
Name	Phone or Email	Client Initials

Signatures

Client Signature	Date	Client Signature	Date
Client Signature	Date	Client Signature	Date
Signature of parent or guardian (if client is under 18)	Date	Signature of parent or guardian (if client is under 18)	Date
Therapist	Date	Therapist	Date