Consent – Authorization to Release Information | 2015

Client Name and Date of Birth _____

Written Authorizations & Consents to Release Health Information

Personal Health Information (PHI) is anything communicated in a psychotherapy session; and it is confidential. Your PHI cannot be communicated to anyone else without your written authorization unless the disclosure is mandated or permitted by law. There is a distinction between ***authorization*** and ***consent*** to use or disclose PHI. Authorizations are required for uses and disclosures of PHI that are not otherwise allowed. Consents are not required, but may be used for treatment, payment, and health care operations (TPO). PHI is ***used*** when it is shared, examined, utilized, applied, or analyzed within therapy; PHI is ***disclosed*** when it is released, transferred, has been given to, or otherwise divulged outside of therapy.[1]

The client gives Victor Bloomberg, LCSW: (a) Consent to release information for use ❑ by the client or **(b) Authorization to disclose to** ❑ / **Authorization to receive from** ❑ the provider identified below. (Line-out each item that is not applicable.)

Intake Form ❑ Dated: _____
Informed Consent ❑ Dated: _____
Financial Ledger ❑
Personal Status Inventory (Mental Status Exam) ❑ Dated: _____
PHQ9 ❑ Dated: _____
GAD7 ❑ Dated: _____
Multi-axial Assessment ❑ Dated: _____
Progress Note and Treatment Plan ❑ Start Date: _____ End Date: _____
Consent-Authorization to Release Information ❑ Dated: _____
Discharge Summary ❑ Dated: _____

Recipient's name and credential _____
Organizational affiliation _____
Full business address _____
Contact information (telephone or fax) _____

Email transmittal is not permitted.

[1] California Association of Marriage and Family Therapists (CAMFT), "HIPAA Forms: The Three-Headed Monster" Updated August 2010 by David G. Jensen, JD, http://www.camft.org/AM/Template.cfm?Section=HIPAA1&Template=/CM/HTMLDisplay.cfm&ContentID=10367 (Retrieved April 8, 2012)

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This consent/authorization expires on: _____
The purpose of this release is:

- ❑ Summary for a Personal Health Record
- ❑ Review of PHI for an insurance claim
- ❑ Review of PHI by a healthcare provider
- ❑ Make a referral to a healthcare provider
- ❑ Facilitate consultation between the LCSW and a healthcare provider
- ❑ Respond to a properly executed subpoena
- ❑ Activate protective services that are not mandated

(In addition to licensed medical practices, healthcare includes behavioral/mental health services, alcohol and substance abuse treatment and licensed healthcare professionals in residential care settings.)

Information used or disclosed under the authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Federal Privacy Rule, but may be protected by applicable California law.

The client and the LCSW each have a copy of this authorization.

Revocation

This authorization may be revoked at any time. When done in session, the therapist's copy will be notated and the notation signed and countersigned. A copy will be provided to the client. When done outside of session, verbally, the revocation may be properly notated at the next scheduled session. When there is not a scheduled session, for any reason, the client is advised to follow-up any verbal revocation with a certified letter mailed to the LCSW's post office box.

Client Signature and Date:

Therapist Signature and Date: