Authorizations & Consents Explained

**Personal Health Information (PHI)** is anything communicated in a psychotherapy session; and it is confidential. Your PHI cannot be disclosed without your written authorization unless the disclosure is mandated or permitted by law and regulation.

There is a distinction between *authorization* to disclose and *consent* to use PHI.¹

*Authorizations* are required for disclosures of PHI that are not otherwise allowed by regulation and law. PHI is *disclosed* when it is released, transferred, has been given to, or otherwise divulged outside of therapy.

*Consents* are not required, but may be used for Treatment, Payment and Healthcare Operations (TPO). This psychotherapy practice requires *Consent* from you before submitting documents for TPO (such as needed for the claim that you submit to insurance). We also use the *Consent* whenever there is a couple or family therapy; and this is called *Conjoint Therapy*. We do not recommend the same therapist of an individual therapy and for a Conjoint Therapy.

This form is being used for the purpose of an

- Authorization ☐
- Consent ☐

The Provider is

- Victor Bloomberg, LCSW ☐
- An ASCW or AMFT Intern ☐

*To be valid, there is a pre-printed ACSW or AMFT Name and BBS Registration Number.*

The next pages describe the purpose and time frame. We begin with Consents and then follow with Authorizations. Please draw a line through the page that doesn’t apply; and initial and date the “line-out”.

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Client Name and Date of Birth ________________________________________________________________

☐  Consent to Release Information within a ☐ Conjoint Therapy or for ☐ TPO:

Print the name and Date of Birth for each person in a Conjoint Therapy; or
Print the name, position, and company for TPO such as insurance billing.

Purpose of an In-Session Consultation
An In-Session Consultation does not have the same confidentiality guarantees as an
individual therapy session, because the provider cannot guarantee that each participant
will maintain strict confidentiality. Unless the initial informed consent is explicitly signed
by all persons that constitute the couple or family, an in-session consultation with the
persons is not therapy and is not billable to insurance. That is why it is called a
consultation. Our charge to the client is the same as any other session. Consent must be
completed before an In-session Consultation can be scheduled. We do not recommend
that the Consent be discussed and completed on a same-day as the consultation, because
your guest would then be required to sit in the waiting room for part or all of the session.

☐ This Consent is for the purpose of an In-session Consultation, to support an
Individual Therapy; and the session is also attended by the client, parent or guardian. A
document can be viewed, but it cannot be released. The person(s) for the In-session
Consultation is/are:

______________________________________________________________
Name(s), Relationship(s) and Date of Birth(s) of Persons at the In-Session Consultation

The next page describes the Authorization.
An **Authorization** discloses confidential PHI to someone or an entity outside of the therapy. There is a difference between a release and an exchange. A **Release** is a disclosure in one direction. It is from your therapist to somebody; or it is from another person to your therapist. An **Exchange** is disclosure that occurs in both directions between the authorized persons.

This is an **Authorization** to ☐ **Release** or ☐ **Exchange** PHI.

The outside person whom you Authorized disclosure of PHI is a:

- Provider ☐
- Legal Representative* ☐
- Other (Specify) ☐ ______________

* This psychotherapy practice strongly discourages authorizations to release information for a legal proceeding, because it risks changing the focus of therapy away from your well-being.

This Psychotherapy Practice does not fax. You can fax at a local business, but the fax service does not protect your PHI. Likewise, internet fax does not protect PHI.

We provide documents scanned into a “flash drive” provided in an unopened package. Our psychotherapy practice will scan the authorized documents on the drive and return it to you. If mailed, we use the USPS flat rate padded envelope ($7.10). The charge to scan is prorated at $60/hr.

**The Authorized Recipient:**

<table>
<thead>
<tr>
<th>Recipient’s name and credential</th>
<th>________________________________</th>
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<tbody>
<tr>
<td>Organizational</td>
<td>________________________________</td>
</tr>
<tr>
<td>Full business address</td>
<td>________________________________</td>
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<tr>
<td>Contact Telephone</td>
<td>________________________________</td>
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</tbody>
</table>

The next page describes the items for the Authorization.
Please line-out (and initial it) each item that is not applicable.

☐ Intake Form Date: __________
☐ Informed Consent Date: __________
☐ Financial Ledger Date: __________
☐ Personal Status Inventory Date: __________

☐ Assessments

<table>
<thead>
<tr>
<th>Assessment Name</th>
<th>Date</th>
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☐ Progress Notes and Treatment Plans: Start Date: _______ End Date: _______
☐ Consent-Authorization to Release Information Date: __________
☐ Discharge Summary Date: __________

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

☐ Summary for a Personal Health Record
☐ Review of PHI by a healthcare provider
☐ Make a referral to a healthcare provider
☐ Consultation between healthcare providers
☐ Respond to a Court Order
☐ Respond to a Subpoena
☐ Activate protective services that are not mandated
☐ Other (Specify) ____________________________________________________________________________

The next page addresses limits and revocation of the Authorization.
**Limits**
Information disclosed under the authorization could be re-disclosed by the recipient and then it might not be protected by the Federal Privacy Rule. It still could be protected by applicable California law. This psychotherapy practice retains 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 psychotherapy practice’s post office box.

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**Client Signature and Date**

**Therapist Signature and Date:**

☐ This Release of Information form was completed by a supervised intern.

*To be valid, there is a pre-printed ACSW or AMFT Name and BBS Registration Number.*

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Reviewed by Victor Bloomberg, LCSW (Signature and Date)