

AUTHORIZATION TO RELEASE AND OBTAIN HEALTH INFORMATION

Client Name: _____

Date of Birth: _____ Phone: _____

Address: _____

Patient Authorization

I hereby authorize Cami R. Lokken, Ph.D., HSPP and the name(s) or entities written below to release and exchange verbally or in writing, information regarding any medical, mental health, and/or alcohol/drug abuse diagnosis or treatment recommended or rendered regarding the above identified patient. I authorize these agencies to share information by mail, phone, in person, fax and/or email contact.

I understand that these records are protected by Federal and state laws governing the confidentiality of mental health and substance abuse records, and cannot be disclosed without my consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time and must do so in writing. A request to revoke this authorization will not affect any actions taken before the provider receives the request.

Name of Person/Agency: _____

Address: _____

City, State, Zip: _____

Phone: _____

For the purpose of: Coordinating Care Billing Scheduling Treatment Planning
 Other: _____

Records/information to be released (check appropriate items):

History & Physical Treatment Recommendations Discharge Summary ER Records
 Summary of treatment records Psychological assessment Substance abuse treatment records
 Psychotherapy Notes Full and Complete Record Other (specify): _____

I understand that this authorization will remain in effect for: The period while I am working with Dr. Lokken
 One (1) year Other: _____

Client /Legally Authorized Representative Signature (electronic acceptable)

Date

To Recipient of Client Records/ Information

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2). The federal rule prohibits you from making any further disclosure of this information unless expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information for criminal investigation or to prosecute any alcohol or drug abuse client.