

**Authorization for Disclosure of PHI**

I,  the  undersigned,  hereby  authorize  West  Psychological  Services,  PLLC  to  use  or  disclose  protected health information in the manner described in this authorization for the following patient:

**Patient name: Patient DOB:**

I understand that my signature on this form is voluntary and that not signing will not affect the ability to receive treatment at this practice. I understand that this release will expire in 180 days, unless revoked by me which I have the right to do at any time. I understand that any revocation will not apply to any PHI that has already been released in reliance to this authorization and to PHI created expressly for disclosure to the person/entity listed below. I understand that the PHI disclosed may be subject to re-disclosure by the person/entity receiving it and no longer protected by federal privacy regulations except in the case of drug/alcohol treatment which must be clearly stamped “Do not re-disclose” and protected accordingly under 42 CFR Part 2. I understand that any questions I have about the use or disclosure of this PHI can be directed to West Psychological Services, PLLC at any time.

**I give permission for West Psychological Group to:**

Release PHI Obtain PHI Exchange PHI

**PHI to be disclosed includes the following:**

Evaluation reports Progress notes Treatment Status

Treatment summary Entire patient chart Other (Specify):

**The purpose of the disclosure is to:**

Coordinate services Other (specify):

**I authorize disclosure to the following person(s)/entity(ies):**

**Name** **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**     **FAX** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name** **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**     **FAX** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Patient/legal guardian signature Relationship to patient

Patient/legal guardian printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_