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Authorization For Release of Information

I,____________________________________,______________hereby authorize Leslie Edwards, MA, LPC, PLLC and
Client Date of Birth

____, at______________________________to exchange information.
Name Telephone/Fax

The type of information to be disclosed:

Evaluations______
Diagnosis______
Treatment Plan______
Course of Treatment______
Other ______________________

Medical/Hospital Records______
Psychological/Medical Test Results______
Mental Health Record Summary______
Psychotherapy Notes ______

The purpose of such disclosure:

Ongoing Treatment______
Evaluation______
Coordination of Care______

Medical Care______
Transfer______
Health Benefit Utilization______

Consultation______
Legal issues______
Other ____________

Exceptions:____

The designated information about me ( ) may ( ) may not be transmitted by fax, electronic mail or other electronic file transfer mechanisms. Leslie Edwards and the above designated person ( ) may( ) may not discuss by telephone the content of the information released.

This consent is in effect until______________________________. I understand that I may revoke this authorization, in writing, at any time unless action based on it has already take place.

I hereby release all parties stated herewith from any liability resulting from the release of this information. I agree that a photocopy of this release shall be as valid as the original.

I understand that my communications in therapy are protected under federal and state confidentiality regulations and cannot be disclosed without my written authorization. The information provided by a client during therapy sessions is legally confidential except for certain legal exceptions. In general, these exceptions pertain to matters of danger to self or others, and to assault or neglect of children, disabled persons and elderly persons.

I further understand that the potential exists for re-disclosure of my private mental health information, and that it may no longer be protected under the HIPAA privacy regulations.

This is to certify that I have given consent freely and voluntarily, and that the benefits and disadvantages of releasing the information, if known, have been explained to me.

____
Date

____
Signature of Client

FEDERAL REGULATIONS PROHIBIT THE RECIPIENT OF THIS INFORMATION FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION.