

Inner Peace Therapy Solutions, PLLC

Authorization and Disclosure Form

This form, when completed and signed by you, provides authorization for Inner Peace Therapy Solutions, PLLC to release/receive protected information from your clinical record to/from the person designated within the document.

Client Name _____

Date of birth _____

I authorize Inner Peace Therapy Solutions, PLLC and/or her administrative and clinical staff to release or receive the following information from the records of the above listed client for services provided during the time period of _____ to _____.

Evaluation Report

Test results/report

Treatment summary

Treatment Plan

Progress to date

Symptoms

Diagnosis

Functional Status

Prognosis

Other (description) _____

This information should only be released to or received from:

Name _____ Phone _____

Organization _____

Address _____

I am requesting my therapist to release or receive this information for the following reasons: ("at the request of the individual" is all that is required if you are my client and you do not desire to state a specific purpose.)

This authorization shall remain in effect until _____ (expiration date) or until _____ (event related to the individual or the purpose of the use or disclosure).

You have the right to revoke this authorization, in writing, at any time by sending such written notification to the Inner Peace Therapy Solutions, PLLC office address. However, your revocation will not be effective to the extent that Inner Peace Therapy Solutions, PLLC has taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to consent a claim.

I understand that my therapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

Signature (if other than patient, include relation to patient) _____

Printed Name _____

Date _____