Stephanie A. DePalmer, M.Ed., LPC, NCC
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Authorization of Release of Protected Health Information (PHI)

Client Name: _____ DOB: _____

I, _____, authorize Stephanie DePalmer, M.Ed., LPC, NCC, to send/receive the following records to/from:

Provider: _____

Address: _____

Phone: _____

Fax: _____

__ Admission
__ Attendance in Treatment
__ Summary of Treatment
__ Patient Data Form
__ Discharge Summary
__ Progress Notes
__ Treatment Plans
__ Aftercare Plans
__ Initial Evaluation
__ Medical History
__ Medication Management
__ Prescription Medications
__ Prognosis/Diagnosis/Treatment Recommendations
__ Psychiatric/Psychological Evaluation
__ Other: _____

The above information will be used for the following purposes:
____ Planning appropriate treatment ____ Continuing appropriate treatment
____ Other (specify) _____

I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus application state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. I understand that this authorization is voluntary, and I may revoke this consent at any time by providing written notice, and after (some states vary, usually one year) this consent automatically expires. I have been informed what information will be given, its purpose, and who will receive the information. I understand that I have the right to receive a copy of this authorization. I understand that I do not have to sign this authorization and that my refusal to sign will not affect my abilities to obtain treatment from Stephanie DePalmer, M.Ed., LPC, NCC, nor will it affect my eligibility for benefits.

☐ I understand that I may inspect and have a copy of the information described in this authorization.
☐ I have read this form or had it explained to me and I understand its contents.

_____ _____
Client or Guardian Signature Date