

Ada Liberant, Psy.D.

RELEASE OF INFORMATION

Your Name: _____ Date of Birth: ____/____/____

I authorize Ada Liberant, Psy.D., whose offices are located at the address at the bottom of this page, to disclose and/or obtain treatment information from the following physician, psychiatrist, teacher, relative, or any other person I choose to name below:

Name: _____

Address: _____

Phone: _____ E-mail: _____

If you agree to the **release of all of** your Protected Health Information (PHI), then check the first option below:

_____ All Protected Health Information (PHI) (e.g., My complete psychiatric record)

If you want to **limit** what protected health information is released, then check off all the option(s) that you agree to below:

_____ Mental Health Diagnosis

_____ Progress Notes

_____ Treatment Plan

_____ Medication Records

_____ Discharge Summary

_____ Neuropsychological Assessment or Academic Testing Results

_____ Substance Abuse Information (Including Assessment & Treatment Records)

By signing below I acknowledge that the above information about me may be released, discussed, or disclosed. I understand that my records are protected under federal regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and cannot be disclosed without my consent unless otherwise provided for in the regulations. I also understand that I may revoke this authorization at any time and must do so in writing and present this written revocation to the office of Ada Liberant, Psy.D. Unless otherwise revoked, this consent expires in 12 months from the date signed. I understand that once information is disclosed as per my authorization, the recipient, in accordance with applicable laws and regulations, may redisclose the information and it might not be protected by federal or state privacy regulations.

Signature of Patient: _____ Signature of Witness: _____

Date Signed: _____ Printed Name of Witness: _____