Psychotherapy Associates
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PATIENT CONSENT AND AUTHORIZATION FOR RELEASE OF CONFIDENTIAL CLINICAL INFORMATION

I, _____ of _____
(*patient name)* *(address)*

born, _____ , hereby authorize, request, and direct:
(date of birth)

_____
(Person or organization, Address)

to disclose to:

_____
(Therapist)

Psychotherapy Associates, 1919 South 40th, Suite 312, Lincoln, NE 68506, the following information from my clinical record relative to my past treatment and/or counseling.

REQUESTED ITEM(S):

☐ Treatment summary
☐ Psychological testing
☐ Social history
☐ Assessment summary
☐ verbal communication with: _____
☐ other *(specify)*: _____
☐ Admission notes
☐ Discharge summary
☐ Progress notes
☐ Consultation notes *(specify):* _____
☐ History and physical exam
☐ Medication records
☐ Nursing notes

This information is released for the following purpose and that purpose only. No other use or further disclosure of such information is permitted.

Purpose of disclosure:
_____
I understand that my medical records (including any alcohol or drug abuse information) may be protected by Federal Regulations.

This consent to disclose medical record information may be revoked at any time except to the extent that action has been taken in reliance thereon. This consent (unless expressly revoked in writing earlier) shall expire on:
_____ (*If left blank, authorization shall expire within 90 days).*

_____ _____
Signature of patient or legally authorized representative Date

_____
Name and relationship of legally authorized representative to patient, if applicable

_____ _____
Witness signature, if applicable Date

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose.