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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

This form when completed and signed by you authorizes me to **release and receive** protected health information from your clinical record with the person or people you designate.

Patient Information:

Name: _____ Address: _____

Date of Birth: _____

Phone: _____

Parent of Minor Child

Authorization for Release: I hereby authorize the release and/or exchange of the following information between the following parties:

Deborah L. Carle, Ph.D.
11111 Nall Avenue, Suite 224
Leawood, KS 66211

Name

Street Address

City State Zip

Phone Fax

Specific Authorization. I specifically authorize the release and/or exchange of the following confidential information

___ All records ___ Therapy records ___ Reports ___ Correspondence ___ Test Results ___ Clinical observations

___ Billing information ___ Other (please specify): _____

For the following reasons:

___ At the request of the individual ___ Treatment planning ___ Coordination of care ___ Change of therapist/educator

___ Forensic Evaluation ___ Other (please specify) _____

Re-disclosure. This release does **NOT** authorize re-disclosure of confidential information beyond the limits of this consent except in the case of court ordered evaluations where the information may be disclosed by the court. The recipient of this information is **PROHIBITED** from using the information other than the stated purpose, and from disclosing to any other party without further authorization.

Validity. I understand this authorization will automatically expire one year from date of my signature. I may revoke this authorization by sending a written notice to the person or entity authorized to make the disclosure described above.

I authorize the release of information as indicated above.

Signature of Patient or Parent/Guardian

Date

If authorization is signed by a personal representative of the patient, a description of such representative's authority to act for the patient must be provided (Parent of minor child, legal guardian, etc.)