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## **RELEASE OF INFORMATION**

This form, when completed and signed by you, authorizes me to release or receive protected information from your clinical record to/from the person you designate. NAME OF PATIENT: I authorize Carola Hertle-Jones, LCSW, ACSW to release and/or receive the following documents: (Please initial): Notification of Initial Contact General Treatment Information Periodic Progress and Evaluation Reports Attendance Reports \_\_\_\_Other: \_\_\_\_\_ This information should only be received from or released to: You have the right to revoke this authorization, in writing, at any time by sending such written notification to Carola Hertle-Jones, LCSW, ACSW. However, your revocation will not be effective to the extent that I have 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 contest a claim. I understand that my receiving service is not generally contingent upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party. I hereby release Carola Hertle-Jones, LCSW, ACSW from any and all liabilities, responsibilities, damages and claims which might arise from the release of the information authorized above. I acknowledge that this consent is valid for sixty (60) days or until \_\_\_\_\_\_. I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of your information and no longer protected by the HIPAA privacy Rule. Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_ Patient's Representative: \_\_\_\_\_\_ Date: \_\_\_\_\_

## NOTICE TO RECEIVING AGENCY OR INDIVIDUAL

This information has been disclosed to you from records whose confidentiality is protected by federal law (42 CFR Part 2/37 CFR 1401) and in compliance with Section 408 of Public Law 92-255 (21 USC 1175). You are prohibited from making any further disclosure without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations.

Witnessed: \_\_\_\_\_ Date: