Scottsdale Premier Counseling
Dr. Morgan Francis, LPC, LLC
7910 E. Thompson Peak Parkway, Ste. 104
Scottsdale, Arizona 85255

Authorization Form for Release of Confidential Information

This form, when completed and signed by you, authorizes me to discuss and/or release protected information from your clinical record to the person(s) you designate.

I authorize my therapist, ***Dr. Morgan Francis***, to discuss and/or release the following information on behalf of: **Client Name** (Please Print):

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[ ] Protected Health Information   [ ] Intake/Summary   [ ] Psychotherapy Notes

[ ] Psychological and/or Psychiatric Exam   [ ] Testing Results

[ ] Thank You for Referral letter   [ ] Other____________________________________

This information should only be discussed or released to (person(s) to whom the information is to be released):
Name____
Address____
Phone/Fax #____

This authorization shall remain in effect until____________, (Date), not to exceed 1 year from today's date.

You have the right to revoke this authorization, in writing, at any time by sending such written notification to my office address or delivering to me in person. 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 or:
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I understand that my therapist generally may not condition psychological services upon my signing an authorization unless the psychological services are provided to me for the purpose of creating health information for a third party.

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.

_________________________________   _________________________________

Signature of Client   **Signature of Spouse, Partner, Parent or Guardian**

Printed Name   **Date**   **Printed Name**   **Date**

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