

Authorization for Release of Confidential Information

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

Enter person's name that you would like to authorize info to: _____

To give/provide information regarding my care to:

Laura Skinner, MS, LPC

Type of information to be released:

Verbal

Written

Specific Information to be released:

Treatment Summary Plan

Progress Notes

Assessment Results

Recommendations

Summary of services

Other

The Purpose of this disclosure of the information is to: Assist in evaluation, treatment planning and service coordination
Coordinate treatment services between providers
Determine eligibility for services

I understand that my records are protected under Federal and specific State confidentiality laws and regulations): Chemical Dependency, Federal Regs 42 CFR, Part 2 or Mental Health, Chapter 51.30 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that by my written notification I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that, in any event, this consent expires automatically as described below. I understand that if the person and/or agency listed above are not governed by applicable federal and state laws and administrative codes, the confidential information disclosed as a result of this authorization may no longer be protected from further redisclosure without obtaining my authorizations.

I understand that I have the right to inspect and receive a copy of the material to be disclosed as required under Wisconsin law, ss51.30(4) and HFS 92.05 and 92.06 of the Wisconsin Administrative Code, as well as the Privacy Rule Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that if I agree to sign this authorization, which I am not required to do, I must be provided with a signed copy of the form. A copy of this authorization will be considered as valid as the original.

THIS RELEASE EXPIRES UPON THE FULFILLMENT OF THE PURPOSE FOR WHICH THIS RELEASE WAS ENACTED AND, IN ANY EVENT, SPECIFICALLY EXPIRES ONE YEAR FROM THE DATE OF SIGNATURE.

Signature: _____

Today's Date: _____ dd / mm / yyyy