



## **AUTHORIZATION FOR RELEASE OF INFORMATION**

Provider Name: **Cerina Griffin**

I \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hereby authorize, Cerina Griffin, Licensed Marriage and Family Therapist

To release to: \_\_\_\_\_

the below specified information; and release the above name organization / individual from all legal liabilities that may arise from this situation.

Information to be released: \_\_\_\_\_

Purpose of this release of information: \_\_\_\_\_

I understand that information regarding my treatment is protected by federal law under the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and their implementing regulations. See generally 42 C.F.R. Part 2; 45 C.F.R. Parts 160, 164. I understand that my health information specified above will be disclosed pursuant to this authorization, that the recipient of the information may re-disclose the information and it may no longer be protected by federal law under HIPAA. Federal law governing confidentiality of alcohol and drug abuse patient information noted above, however, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol or other drug program from re-disclosure. I understand that I may revoke this consent verbally or in writing at any time except to the extent that action has been taken in reliance on it, and that this consent will expire in one (1) year unless otherwise specified below

(Specification of the date, event or condition upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or health care operations, if permitted by state law. I will not be denied services if I refused to consent to disclosure for other purposes.

Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **Confidentiality of Records**

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal law (see 42 C.F.R. Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of information is not sufficient for this purpose. This authorization for release of information may be considered as an original in instances of fax or electronic transmittal.