Release of Information

Joel Baker, LMFT
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*** This form must be completed in full in order to be valid***

Client's name _____Date of Birth_____

I hereby authorize Joel Baker, LMFT to release to/request protected health information from:

Name of Individual or Agency ___ _____

Address _____

_____

Phone _____Fax_____

The following information: (check one or all that apply)

- ❑ Summary of Treatment
- ❑ Treatment Plan
- ❑ Clinical Assessment
- ❑ Attendance
- ❑ Other describe)_____

For the purpose of:

- ❑ Coordination of Treatment
- ❑ Other _____

Medical records frequently contain information that may be privileged and/or confidential. This could include remarks furnished by the client, client's family, or medical staff. If, in the judgment of Joel Baker, LMFT, disclosure of the privileged/confidential information will be harmful to the client, release of such information may be withheld in accordance with specific state and federal regulations. Records released may contain alcohol and drug treatment information, AIDS/HIV, psychiatrics/psychological/and other mental health privileged/confidential information. Certain communications are privileged and not subject to release without your consent under state and/or federal law. Please note that once information has been released to the designated party Joel Baker LMFT is not liable for the misuse of information by that party.

After giving due consideration to the above statement, I authorize Joel Baker, LMFT to furnish/receive information, including faxed copies of my Protected Health Information, including matters privileged under the laws of the state of Georgia, and applicable federal laws and regulations, to the above person(s) or agency. I further agree to indemnify and hold harmless Joel Baker, LMFT from all liability that may arise from the release of the information herein requested.

I understand that this authorization is subject to revocation at any time *in writing* except to the extent that action has been taken in reliance.

_____ _____

Client/Parent/Legal Guardian Signature Date