



AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

I authorize _____ (name of person disclosing PHI) to use and disclose specific health information described below regarding _____

To: _____

For the purpose of: _____

____ Entire mental health records

____ Mental health testing information

____ Mental health treatment summary

____ Drugs/alcohol diagnosis, treatment, or referral information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information, and drug/alcohol diagnosis, treatment, or referral information.

PROVIDER INFORMATION

You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive health care services, or reimbursement for services. The only circumstances when refusal to sign means you will not receive health care services is if the health care services are solely for the purpose of providing health information to someone else and the authorization is necessary to make that disclosure.

You may revoke this authorization in writing at any time. If you revoke your authorization, the information described above may no longer be used or disclosed for the purposes described in this written authorization. The only exception is when a covered entity has taken action in reliance on the authorization or the authorization was obtained as a condition of obtaining insurance coverage.

To revoke this authorization, please send a written statement to: David Brillhart, PsyD, ACT II Psychology, 3723 Fairview Industrial Dr., SE, Suite 170, Salem, OR 97302, and state that you are revoking this authorization.

Unless revoked earlier, this consent will expire _____ days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

I have read this information and I understand it. Unless revoked, this authorization expires on _____
_____ (applicable date or event).

I have read this disclosure statement and agree with its terms:

Client's Signature Today's Date

David C. Brillhart's Signature Today's Date