Client Name: _____

Date of Birth: _____

Authorization to Release Information

Gregory Upton, PsyD
8549 S. 120th ST
Seattle, WA 98178
(206) 801-1408

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

I/We hereby give permission to Gregory Upton, PsyD to:

☐ Release protected information to and/or ☐ Exchange protected information with

_____ _____

Name of agency, physician, school counselor, therapist etc. Phone Number

_____

address, city, state and zip code

Information to be disclosed/exchanged (check all that apply):

☐ Diagnosis/Assessment & Treatment Recommendations ☐ Treatment Notes

☐ Psychiatric Evaluation and Medication notes ☐ Discharge Summary and Recommendations

☐ Other, please specify _____

Records for the period (dates) from _____ to _____

The purpose of such disclosure is:

☐ To facilitate continuity of care and treatment planning

☐ Other _____

I understand that this Authorization is subject to revocation/withdrawal by me at any time in writing to Dr. Upton except to the extent that action has already been taken to release this information. This Authorization shall remain valid unless revoked but **will expire in 1 year after signing**. I have a right to inspect a copy of the health information to be released and if I do not sign this Authorization, the institution named above will not release my health information. Dr. Upton will not refuse to treat me based on whether I agree to allow my health information to be used and disclosed to others.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: Date:

Redisclosure: Notice is hereby given to the patient or legal representative signing this Authorization that Dr. Upton cannot guarantee that the Recipient receiving the requested health information will not redisclose any or all of it to others. Notice is hereby given to the Recipient that law prohibits the redisclosure of any health information regarding drug and/or alcohol abuse, HIV and mental health treatment.