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Authorization to Use/Disclose Protected Health Information

I, _____, date of birth _____
name of person releasing info (client)

authorize Nancy Taylor Kemp PhD PC to:

_____ Use and disclose the specific written protected health information listed below to:
client initials

_____ Receive and use the specific written protected health information listed below from:

client initials

_____ Discuss by phone (2-way release) the specific protected health information listed below with:
client initials

_____

_____
Name and address of recipient, facility or agency and phone number

The protected health information to be shared is:

_____

_____
Please note that a separate authorization form must be completed to release psychotherapy notes.

For the purpose(s) of: _____.

I also understand that federal or state law may restrict re-disclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information. I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

_____HIV/AIDS _____Mental health _____Genetic Testing _____Alcohol, drug, CD, diagnosis, treatment or referral

I understand that I do not have to sign this authorization form, but refusal to do so may impact payments or services. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and will no longer be protected under federal law. 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. Any use or disclosure already made with your permission cannot be undone. To revoke this authorization, please send a written statement to Nancy Taylor Kemp PhD PC at P.O. Box 5341, Eugene, OR 97405-0341.

Unless revoked, this authorization expires on _____ or one year from date of signature below).

I have read this authorization, I understand it, and agree to the use/disclosure as outlined.

_____ _____
Signature Date