

**AUTHORIZATION TO DISCLOSE HEALTH CARE INFORMATION**

Client name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Previous name: \_\_\_\_\_

**Please release health care information to and receive health care information from:**

Name and Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**By signing this Authorization, I authorize Bernard J. Newton, Jr., LPC to use or disclose the following health information (check only one box):**

- All Health Information about me, including my clinical records, created or received by Bernard J. Newton, Jr., LPC. This information may include, if applicable:
  - Information about mental health diagnosis or treatment including psychotherapy notes.
  - Information about diagnosis or treatment for alcohol or drug abuse.
  - Information about testing, diagnosis, or treatment of Sexually Transmitted Disease(s), including HIV/AIDS.

All Health Information about me as described in the preceding checkbox, *excluding* the following: \_\_\_\_\_

Specific Health Information *including only*: \_\_\_\_\_

**For the Purpose(s) of:** \_\_\_\_\_

**This authorization ends:** (check only one box)

- in one (1) year
- when the following occurs: \_\_\_\_\_

**Other Important Information**

I may refuse to sign or cancel this Authorization at any time, in writing, as allowed by law. This will not affect any actions already taken by (clinician) in reliance upon my original request. There are three ways to cancel this Authorization:

- 1) Sign and date a revocation form. This form is available from Bernard J. Newton, Jr., LPC; or
- 2) Write, sign, and date a letter to the Bernard J. Newton, Jr., LPC to cancel the authorization; or
- 3) Sign, date, and write "CANCEL" on this original form

My cancellation or refusal to sign this Authorization will not affect the commencement, continuation, or quality of Bernard J. Newton, Jr.'s treatment of me. Once Mr. Newton gives out the information, he has no control over it. The recipient might re-disclose it. Privacy laws may no longer protect it.

I hereby release Bernard J. Newton, Jr. from any and all legal liability that may arise from the use and disclosure of information as set forth in this Authorization.

\_\_\_\_\_  
Signature of client or legally authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Relationship if signed on behalf of the client by parent, legal guardian, personal representative, etc.