

ROSARIO ORTIGAO, M.A., LICENSED MENTAL HEALTH COUNSELOR

407-375-1301

Authorization to Release/Obtain Information

I request and authorize Rosario Ortigao, LMHC, to RELEASE to and/or OBTAIN from (circle both, if ok):

Name: _____

Full address: _____

Telephone number(s): _____ Email address: _____

Email address: _____

Regarding (Client's) _____ Date of Birth: _____

Name: _____

If a child, both parents' names: _____

Full address(es): _____

I authorize the above agency/office/person(s) to release/obtain the following (YOUR INITIALS, please):

- Clinical/Psychotherapy Notes* Assessment and Recommendations Diagnosis
 Social History/Intake Progress Reports Change In Condition Or Status
 Discharge Summary Medical History Alcohol, Drugs, Addictions History
 Psychological Tests HIV, HBV, TB Status Other: _____
 Clinical/Psychotherapy Notes *from (this date) _____ until (this date) _____

The above information may either be released via verbal (telephone) or written information for the specific purpose of _____

I hold Rosario Ortigao harmless regarding the use of information authorized for release of exchange. I understand that this form is not required as a condition for treatment and that it may be revoked by me in writing at any time, except to the extent that action has already been taken. In the absence of revocation, this authorization will expire when treatment ends (client stopped coming; or mutually agreed upon treatment completion; or within a year from the date of my signature).

This authorization is for records protected under the privacy regulations of HIPAA (The Health Insurance Portability and Accountability Act) and by Federal Confidentiality rules (42 CFR Part 2). A copy of this Authorization is as authentic as the original signed Authorization to Release/Obtain Information.

I fully understand what I just read and acknowledge that all parties above, including myself, will retain a copy of this Authorization.

Client Signature: _____ Witness: _____

Parent or Legal Guardian Signature: _____ Date: _____