BARBRA ROGOFF, LCSW
Psychotherapist

Authorization for Release of Records

I authorize BARBRA ROGOFF, 4922 Windy Hill Dr, Ste A, Raleigh, NC 27545 (919) 201-3498, fax (919) 885-1014 AND the Person or Organization listed below to disclose or receive from one another, information from the ***Mental Health*** records (excluding psychotherapy notes), ***Protected Health Information,*** and/or any ***other information*** as indicated below of:

_____ _____ _____
Client Name Date of Birth Last 4 of Social Security #

Other Person or Organization:

_____

_____
[Name /Address of Person or Organization]

Form of Disclosure - Unless specifically requested in writing that the disclosure be made in a certain format, disclosure of the information permitted by this authorization may be in any manner deemed to be appropriate and consistent with applicable law, including, but not limited to, verbally, paper copy, facsimile, computer disc, or electronic mail.

Description of Information to be Disclosed

PLEASE INITIAL:

____ ENTIRE CHART (*including, but not limited to all of the information listed below)
____ Demographic Information
____ Billing / Insurance Records
____ Records/Forms Completed by Client
____ Current Treatment/Update/Status
____ Day to Day Functioning/Needs
____ Treatment Participation/Compliance
____ Progress in Treatment
____ Progress Notes
____ Diagnoses
____ Assessments
____ Psychosocial Evaluations
____ Psychological Evaluations
____ Discharge / Transfer Summary
____ Treatment Plan or Summary
___ Other _____
___ Other _____

I give specific authorization to disclose information regarding my:
____ HIV/AIDS Status &/or Treatment ____ Alcohol/Drug Use/Abuse Status &/or Treatment

This Release Applies to the following Dates of Treatment: All: _____ OR From: _____ To: _____
client initial

Purpose - The purpose of this disclosure of information is to improve continuity of care, assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services.

If other purpose, please specify: _____

Revocation - I understand that I may revoke this authorization, in writing, at any time by sending written notification to BARBRA ROGOFF, LCSW, 4922 Windy Hill Dr, Ste A, Raleigh, NC 27545. I further understand that a revocation of the authorization is not effective to the extent that action has already been taken in reliance on the authorization and that any disclosures already made cannot be taken back.

Expiration: This consent expires 1 (one) year from the date of signature, unless sooner revoked or I specify otherwise:_____

Conditions - I understand that this authorization is voluntary and that I may refuse to sign it. I further understand that my treatment is not conditioned on whether I give authorization for the requested disclosure. The potential consequences if I choose not to sign this authorization have been explained to me.

Redisclosure - I understand that there is the potential that the information that is disclosed pursuant to this authorization may be redisclosed by the recipient and the information may no longer be protected by the HIPAA privacy regulations, unless a State law applies that is more strict than HIPAA and provides additional privacy protections.

I release the individuals or organizations named in this authorization from legal responsibility or liability for the disclosure of the records as authorized on this form. I will be provided a copy of this signed authorization, if requested. A photocopy of this authorization is as valid as the original.

_____ _____
Signature of Client (or Client Representative) Date

_____ _____
Printed Name of Client or Client Representative Authority of Representative to Act for Client

To the party receiving this information: Information has been disclosed to you from records whose confidentiality may be protected by federal law. If so, federal regulations (42 CFR Part 2) prohibits from making any further disclosure of it without specific written consent of the person to who it pertains, other information is not sufficient for this purpose. For Client Records Applicable Under Federal Law 42 CFR Part 2.