AUTHORIZATION FOR RELEASE OF INFORMATION

This form, when completed and signed by you, authorizes Marilyn Rand, Ph.D., LMFT to release protected information from your clinical record.

I, _____, hereby authorize and give my written permission to have **Marilyn Rand, Ph.D., L.M.F.T.** release and exchange the following medical information:

Mental Health Diagnosis _____
Medication Management Information_____
Other Mental Health Treatment Information (incl. Medical/social History) _____
Substance Abuse Information_____
Other information specified
here_____

Such information is for the purpose of evaluation, treatment, and notation of progress. Information will be released on an as needed basis. This information should only be released to: (Provide name, phone number, and address of person to whom the information is to be released)

_____

_____

This authorization shall remain in effect until the following date (___ /____ /___) or until (fill in an event that relates to the purpose of this authorization).

_____

I understand that I have the right to revoke or modify this authorization, in writing, at any time by sending written notification of that revocation or modification to the office of **Marilyn Rand, Ph.D., LMFT.** However, my revocation or modification will not be effective until **Marilyn Rand, Ph.D., LMFT** receives it. I understand that my records are protected by state and federal confidentiality laws and that, with specific exceptions under state law, information cannot be disclosed without my written consent. I understand that by my signature below, I have waived this right to confidentiality. I further understand that my psychotherapist generally may not condition psychological services upon my signing an authorization where the HIPAA Rule may no longer protect my information.

I hereby relieve and release **Marilyn Rand, Ph.D., LMFT** from any damages, claims and causes of action arising out of, or in connection with, any release of information.

_____

Patient Name Printed Date

_____

Patient Signature Date

_____

Parent/Guardian Name Printed Date

_____

Parent/Guardian Signature Date