

Authorization For Release of Medical Records

Client Name: _____ Date of Birth: _____

Specific information to be release:

___ Verbal/Telephone/Email Update ___ Discharge Summary/Summary of Treatment

___ Other (Please specify): _____

**From Mary Ellen Crowley, Ph.D.
to another person or facility**

**From another person or facility
to Mary Ellen Crowley, Ph.D.**

I hereby authorize Mary Ellen Crowley, Ph.D. to release the above information to:

I hereby authorize the following facility/individual to release the above information to Mary Ellen Crowley, Ph.D.:

Name/Title: _____

Name/Title: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

I understand that this information is not to be re-released to any person or facility except as provided by law. I understand that I may revoke this release of information at any time. I understand, however, that any release which was made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. Unless I revoke this authorization prior to such time, this authorization to release information shall expire when the desired information is sent.

To the extent that my medical record contains information regarding alcohol or drug treatment that is protected by Federal Regulation 42 CFR, Part 2, I authorize disclosure of such information.

Signature of Client
(or Parent/Guardian if under 18 years old)

Date

Printed Name of Client

Signature of Witness

Date

Printed Name of Witness

These forms can be filled out and electronically signed online and emailed directly to me, however they contain HIPAA protected information such as your date of birth and medication lists. Please be aware that email communication can be accessed by unauthorized people which compromises the privacy and confidentiality of such communication. Un-encrypted emails, such as this, are even more vulnerable to unauthorized access. If you prefer, you may print off these forms, fill them out at home and bring them to our first session.

Click to send via email