

RENNICKE & ASSOCIATES

RELEASE OF INFORMATION

Your Name: _____

Date of Birth: ____/____/____

I authorize **RENNICKE & ASSOCIATES**, whose office is located at the address at the bottom of this page, to disclose and/or obtain treatment information from the following physician, psychiatrist, teacher, relative, or any other person I choose to name below:

Name: _____

Address: _____

Phone: _____ E-mail: _____

If you agree to the **release of all** of your Protected Health Information (PHI), then check the first option below:

_____ All Protected Health Information (PHI) (e.g., My complete psychiatric record)

If you want **to limit** what protected health information is released, then check off all the option(s) that you agree to below:

- _____ Mental Health Diagnosis
- _____ Progress Notes
- _____ Treatment Plan
- _____ Medication Records
- _____ Discharge Summary
- _____ Neuropsychological Assessment or Academic Testing Results
- _____ Substance Abuse Information (Including Assessment & Treatment Records)

By signing below I acknowledge that the above information about me may be released, discussed, or disclosed. I understand that my records are protected under federal regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA and Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and cannot be disclosed without my consent unless otherwise provided for in the regulations. I also understand that I may revoke this authorization at any time and must do so in writing and present this written revocation to the office of Lia Amakawa, Ph.D. *Unless otherwise revoked, this consent **expires in 12 months** from the date signed.* I understand that once information is disclosed as per my authorization, the recipient, in accordance with applicable laws and regulations, may redisclose the information and it might not be protected by federal or state privacy regulations.

Signature of Patient: _____

Signature of Witness: _____

Date Signed: _____

Printed Name of Witness: _____