



AUTHORIZATION FOR RELEASE OF INFORMATION

I _____, born on _____, hereby authorize:

KATHERINE HANNON, LCPC
6209 EXECUTIVE BLVD
ROCKVILLE, MD 20852
301-401-8704

- To release and/or obtain, the following information in my records:
- Mental health and medical history, including diagnosis
 - Records of outpatient treatment
 - All diagnostic, psychological assessment
 - Academic records including grades and standardized testing scores
 - Other: _____

This information is to be released to obtained from:

This information is to be released for the following purpose(s):

- Treatment planning & coordination of care
- At the request of the individual or authorized agent
- Forensic Evaluation – I understand that my authorization to release the results of the evaluation may present favorable or unfavorable implications related to the assessment findings and/or recommendations. I have been informed of the risks pertinent to participation in a forensic evaluation during my initial appointment. {Initials: _____}
- Other: _____

I understand that I have the right to revoke consent to future disclosure in writing at any time, however this revocation will not be effective to the extent that I have already taken action in reliance on this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that my treatment generally may not be conditioned on signing a release of information, unless the services are provided to me for the purpose of providing information to a third party. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of this information and no longer protected by the HIPPA privacy rule. I acknowledge that I have had the opportunity to discuss and ask questions about issues concerning privacy and confidentiality and this consent.

This is authorization will remain in effect until _____ unless otherwise revoked in writing at a future point in time.

Signature

Date

Printed Name

Signature of Witness

Date