

Jewell Counseling Services, PC

11319 P Street * Suite 2A * Omaha, NE 68137

Phone: 402-933-6677

Authorization for Release of Confidential Information (Protected Health Information (PHI))

So that I may release information:

1. I hereby authorize **Jewell Counseling Services, PC** to release protected health information to the party listed below:

Name: _____

Address: _____

Reason for release of PHI: ___ Mental health evaluation, treatment or care

___ Educational Program Planning

___ At the request of the client

___ Other

May information be exchanged verbally? ___ yes ___no

So that I may obtain information:

2. I hereby authorize the party named below to release protected health information to **Jewell Counseling Services, PC**:

Name: _____

Address: _____

Reason for release of PHI: ___ Mental health evaluation, treatment or care

___ Educational Program Planning

___ At the request of the client

___ Other

May information be exchanged verbally? ___ yes ___no

Information to be released:

___ Medical history and evaluation(s)

___ Mental health evaluations

___ Developmental and/or social history

___ Educational records

___ Treatment history

___ Other: _____

Treatment dates requested: _____

Please send requested records to: Jewell Counseling Services, PC

11319 P Street, Suite 2A

Omaha, NE 68137

By signing below, I agree to the following statements:

- I understand that my records are protected under HIPAA regulations, and I am aware of the consequences and implications of their release.
- I understand this authorization is voluntary.
- I understand I may revoke this authorization in writing within 90 days from the date signed. However, any records obtained prior to the revocation will be deemed authorized by me for release.
- **I understand this authorization will expire 360 days from the date signed.**

***Note:** Psychotherapy (Session) notes may not be included in this authorization along with any other protected health information.*

Print Name of Responsible Party

Signature of Responsible Party

Date signed

Signature of Witness

Date signed